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A PLEA FOR STATE PROVISION FOR NERVOUS INVALIDS.*

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The obligations of the physician are numerous. As guide and counsellor of the sick and afflicted as well as conservator of public health he is often called upon to grapple with problems which are well nigh unfathomable. It seems, however, beyond the comprehension of many persons that to every physician come tasks and responsibilities which are utterly beyond his powers, and that often he is asked to provide, protect, and even cure conditions, when palliation alone is impossible. This principle is eminently true when applied to nervous invalids and what to do for them forms one of the most perplexing medico-sociological problems of the age.

In every community their wail of woe and misery as well as cry for relief is heard, and the deplorable predicament in which many find themselves is indeed heartrending; hence, their distress should appeal not only to the family physician, but to every intelligent citizen. The grand and beneficent State of Missouri, with all her boundless wealth of resource, through the medium of her philanthropic and charitably inclined citizens, makes excellent provision for her indigent insane, deaf, dumb, blind and other dependents. Up to this time, however, no plea, much less provision, has been made for that large and growing class of nervous sufferers whose means are too scant to provide themselves with the necessary medical care and treatment their condition justly demands. It is therefore in behalf of these unfortunates that this appeal is made, hoping thereby to enlist your sympathy, co-operation and support and thus inaugurate a movement which will speedily secure the necessary funds from the State, county or other treasury, to furnish these neglected but worthy suffering citizens with adequate medical care, nursing and treatment. To convey to your minds and hearts and even consciences in a satisfactory manner the great necessity of this public benefaction is no easy task. Even to express my

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own feelings and the results of extensive practical experience with the sufferings and needs of this worthy but neglected class, seems impossible; yet the realization of the sad plight in which many of these unfortunates are placed at this time spurs me on to speak for them and their cause. In order to bring this matter to your attention in a practical, tangible manner these nervous invalids may be divided into three classes, viz.: 1st. The Sane. 2d. The Insane, and 3d. The Borderliners. In each of these classes, however, there are those who enjoy the blessing of sufficient wealth to amply provide for themselves such care and treatment their condition requires. But we must remember that this constitutes a very small proportion as by far the great majority of nervous invalids are poor, or at least unable to furnish themselves with adequate medical care and treatment and it is for these therefore that this plea is made.

In considering the three classes referred to, it is certain that the sane nervous invalids, represent to a large extent those individuals who suffer chiefly from the more intractable organic nervous diseases; and when destitute of means, by virtue of their crippled, bedridden or other serious condition, are now naturally referred to the large general city or other charitable hospitals for treatment and finally land in the poor house, where numbers of them can now be found. The State, however, is under obligation to care for its sick and needy and it could well afford to make ample provision for this class of nervous invalids. During infancy and youthhood, however, many such patients suffer from the more common functional nervous disorders and are usually treated at their homes by the family physician. Even this at times becomes burdensome and the State could relieve this load by furnishing them appropriate medical care and treatment.

The second or insane class, for obvious reasons, find their way to either the state or private insane hospitals, unless the already overcrowded conditions forces them to the jail or poor house, where many now spend much of their time. But it is the third class more especially, or the unfortunate borderliners, who, owing to their lack of proper facilities or limited finances, are unable to furnish themselves appropriate medical care, protection and treatment, that demands our greatest concern at the present time.

That we are living in an age of strenuous activity and remarkable development all will agree, and medical science, like her proteges, keeps well to the front in all forward movements. Those of you who have kept pace with modern medical progress will readily recognize the marvellous changes wrought in our conceptions of the nervous system and its diseases, within the past decade. Moreover, the principle results of such advance afford us the means of rendering finer discriminations in classification and diagnosis of diseased conditions, besides more potent methods and measures for their prevention, alleviation and even cure. In no departments are the effects of these changes

more conspicuous and striking than in those which pertain to clinical neurology and psychiatry. To the average medical practitioner, medical psychology, until within a very recent period, was a sealed book and even today its study is greatly neglected by many otherwise educated physicians. The tendency however, of modern medical progress is such as to blend the practical clinical relations of neurology and psychiatry and bring them into closer relationship with general medical practice.

Hence the close alliance which exists between nervous and mental disorders is gradually receiving the recognition it richly deserves and while these were formerly considered to be independent entities, they are now known to be for the most part identical. While emphasizing the close kinship which exists between nervous and mental diseases, modern medical science also enforces the recognition of another principle which to mind exceeds in interest and importance all others yet devised relative to their prevention and treatment. It is this, that in practical medicine there is an essential difference to be noted between unsoundness of mind and actual insanity. Hence, while all the insane are of unsound mind, yet there are very many persons who appeal to us for the relief of so-called *nervousness*, and who, by reason of some central cellular defect, are perhaps technically, medically speaking, of unsound mind, yet because of this cannot be regarded or treated as lunatics. This statement is in accord with the recent teaching and writing of the best authors on nervous and mental diseases; indeed the consensus of neurological and psychiatrical opinion the world over today testifies to this belief, and it can easily be verified by anyone who has had practical clinical experience with this class of invalids. It is, however, this failure to recognize the practical difference between mental unsoundness and actual insanity that leads to much confusion and error in the diagnosis, prognosis and treatment of diseases of the nervous system.

Such persons, therefore, present in their clinical aspects certain psychic defects, which are usually considered harmless or of too trivial a character to cause any special alarm, much less medical or legal restraint. The known progressive, transitional nature, however, of such lesions, together with their baleful influence, and even at times vicious invasions upon the higher cerebral functions, render such mental unsoundness the very soil that constitutes the borderland of insanity, and from which spring and develop all forms and degrees of actual insanity. Those of you, therefore, who enjoy the privileges and experience of an extensive practice cannot fail to be impressed with the large number of persons who consult you concerning some nervous malady or unstable condition of the nervous system, which is commonly referred to by them as general nervousness.

Upon more careful examination, however, you will often observe, associated with this nervousness, mental perversions or lack of mental

poise, which, while not the equivalent of insanity, are at least expressive of some serious central cellular nervous defect, which clearly indicate their psychical origin. Hence, instead of a neurosis, we have in the vast majority of instances a neuro-psychosis to deal with. Associated, therefore, with their so-called nervousness, such persons clinically present all forms and degrees of psychopathic changes, and often by their strange, eccentric or unreasonable conduct, become the source of great anxiety and even irritation to their friends and relatives.

Moreover, their foolish extravagance and injurious, dissipated habits may at times invite untold hardships upon themselves and others; while their selfish, vacillating, impulsive, and even jealous conduct may not only render them difficult to control but also foster serious legal complications. Notwithstanding these various morbid characteristics, it is also not incompatible for such persons to appear intellectually bright and precocious; quick-witted, good conversationalists and apparently able to argue logically; and because of this, their alleged rationality, be considered by the general public as perfectly sane and responsible and in no sense mentally or physically ill.

To the educated, experienced physician, however, such persons present certain irrational, clinical, neuro-psychological features which at once stamp them as being more or less mentally unbalanced, or at least unsound in mind. Such persons, therefore, appeal to you and me for advice, care and treatment as well as proper protection, and while they present differing degrees of mental unsoundness, yet because of this, cannot be treated as ordinary lunatics. What to do for them however, presents at times the most formidable problem with which the family physician has to deal. A slang phrase can often be applied to such persons when we say that many of them "don't know where they are going but they are on their way;" viz., to the asylum, poor house, reform school or penitentiary. That the clinical field embraced by these borderliners is a very large and varied one is certain, beside presenting numerous clinical, pathological, sociological and medico-legal problems of the highest order.

Hence the diagnosis and scientific classification of these cases are necessarily beset with extreme difficulty. Long continued observation and vast clinical experience with such individuals would seem to justify the recognition of at least five common types or classes, as follows: 1st. The adolescent or youthful. 2d. The phrenasthenic or emotional class. 3d. The psychasthenic or exhausted. 4th. The prodigal or dissipator, and 5th. The impulsive or vicious class

Time forbids enlargement upon the peculiar characteristics of each class as this has already been done in a former paper entitled, "The Borderland of Insanity." Only allusion will, therefore, be made to the various conditions which are embraced in each class, and for which State protection and medical care is greatly needed.

I. *The Adolescent or Youthful Class:* Under the first or adoles-

cent class are included those young persons who suffer primarily from the various neurotic affections common to youthhood and the pubescent period, such as epilepsy, chorea, hysteria, menstrual disorders, neuralgia,headache and more especially feeble-mindedness,hebephrenia, catalepsy, and the incipiency of dementia precox. In this class are therefore to be found both boys and girls presenting every degree of nervous weakness and mental deficiency. Some children manifest their neuro-psychopathic weakness from birth, while others postpone it until they reach the period of puberty, when it is noticed that they begin to lose interest in their studies, home, parents and friends, or becomes careless and indifferent concerning their appearance or clothing; may even become morose, sullen and greatly depressed, give way to the habit of masturbation, or the reading of trashy novels and quack medical literature, and in this way get false notions concerning themselves and diseases. Occasionally, however, they present the opposite clinical picture and become hilarious, talkative, act foolishly, laugh loudly without adequate cause, turn against their parents, and become more or less incorrigible with a tendency to viciousness, and even to commit crime.

Hence the adolescent neuro-psychopath becomes a gradual failure, and what was once a lad of fine promise now becomes a bitter disappointment; while the precocious girl, once the idol of the parents for her quick intellectual resources, now appears a prattling child and a dismal failure in everything but the vegetative functions. Such young persons rarely reach the asylums but appeal to the family physician for relief, and what to do for them not only proves a vexatious question but at once propounds one of the most difficult medico-sociological problems of the age; while its present solution by the majority of the states of the Union, although apparently humane and beneficient, is not only of doubtful benefit to this class, but becomes at once their greatest enemy.

This is very apparent when we remember that as it now stands the only provision for such defective children is the State Feeble-minded Institution, or colonies into which are dumped the epileptic, the imbecile, all forms of dementia, and other undesirable chronic and incurable conditions, including even the dribbling idiot. Such an environment cannot fail to prove not only a serious handicap but absolutely harmful to those acute and more curable conditions referred to and whose proper care demands a hospital free from such depressing associations, but who by force of circumstances are compelled to accept the only means offered them which, in spite of its charitable aspect, cannot fail to prove to them an enemy in disguise.

II. *The Emotional or Phrenasthenic Class.* The second or emotional class include those persons whose feelings are not subject to proper control and whose mentality is characterized by emotional instability, weakness of will-power, and whose craving for sympathy is

more or less unrestrained. Such persons, therefore, present every degree of emotional weakness and there is usually presnt a marked diminution in the field of consciousness, which becomes circumscribed or limited in its associative functions, beside a deficient will-power which again leads to all degrees of loss of self-control. The chief pathological conditions represented in this class are the hysterias or the phrenasthenias, the hypochondrias, and the morbid jealous and erotic states. This borderland is, therefore, chiefly inhabited by young and middle-aged women, although many men are found roaming at large in its wide bounderies. Many are subject to severe paroxysms of bad temper, become obstinate, stuperous, love-sick, morbidly jealous and erotic; may refuse to eat or drink, become rigid or have convulsions, cry and laugh without good cause and disown their best friends.

Associated with the morbid psychological manifestations are usually all kinds of stigmata or disturbances of the various mechanisms of the nervous system which give expression in either a loss, perversion, or exaltation of motion, sensation, reflex action, vaso motor, trophic and visceral disorders; all of which contribute to the emotional neuro-psychopathic clinical syndrome.

III. *The Exhausted or Psychasthenic Class:* Under the third or psychasthenic class are included those individuals who are commonly recognized as suffering from so-called neurasthenia or nervous prostration; but in addition we also find those who present undoubted evidence of incipient melancholia, paranoia, psychasthenia, hypochondria, the infectious or toxic psychoses which accompany or follow typhoid fever, pneumonia, lagrippe and other acute diseases, beside those persons who suffer from the various kinds of sexual perversions. All degrees of delirium, confusion and stupor, due largely to auto-infection or some other poison, are also common manifestations of the exhausted clinical syndrome, while suspicious fear of persecution and other apprehensions, although often capable of control and even removal by logical methods of reasoning, yet when neglected may become morbid, fixed ideas, thus constituting the incipient basis of the various toxic psychoses as well as the inception of true paranoia. Their psychological weakness also causes them to suffer from all kinds of doubts, fears and impulsions, while their vacillating moods and morbid suggestible nervous instability renders them easy prey for quacks and quackery, beside causing them to become the most willing victims to the knife of the unscrupulous surgeon. Hence many believe in operations, although after submitting to them they are rarely relieved of their alleged mental and physical suffering. Many are also found to be devoted worshipers of the golden calf and their insane love of the almighty dollar is often the responsible agent for their nervous bankruptcy. Unwholesome ambition to succeed combined with strains and dissipation of all kinds, complete a trio of etiological factors which are found associated with all forms of psychasthenia.

Such persons therefore represent the pernicious results and penalties accruing from the superstrenuous habits common to American business life, or those elements which lead men and woman to fret and worry unduly or cause them to live at high tension. As a class, they are exceedingly troublesome and difficult to manage, while their rational conversation often renders them free from all medical or legal restraint. And what to do for them at the present time taxes the resources of not only the friends, but family physician.

IV. *The Prodigal or Dissipating Class:* The fourth or prodigal class includes the dissipator, or those neuro-psychopaths who, by virtue of their mental unsoundness, more often stray from the paths of moral and physical rectitude and become the victims of all forms of temptation and licentiousness. Hence we find those who indulge in periodical sprees, or the inebriate, the reckless sporting libertines, the drug habitues, as well as those who engage in all forms of sexual excess, run venereal risks and are very liable to contract syphilis. From a clinical standpoint this class contributes many of those who suffer from inebriety or delirium tremens, and other forms of alcoholism; the incipient forms of general paresis, cerebral and other forms of nervous syphilis, besides those who suffer from the various drug addictions. This borderland, therefore, includes a very large and growing class of neuro-psychopaths, whose clinical features vary considerably and whose proper legal and medical control is at the present time exceedingly lax and unsatisfactory.

V. *The Impulsive or Vicious Class:* The fifth class includes those persons whose neuro-psychopathic tendencies lead them into all forms of impulsive and even vicious conduct. Hence they clinically present all kinds of morbid propensities, as that to steal, lie, cheat, drink, blaspheme, set on fire, and even commit suicide and homicide, thus presenting all degrees of incorrigibility and other vicious forms of behavior. Such persons are, therefore, known technically as kleptomaniacs, dipsomaniacs, pyromaniacs, nymphomaniacs, etc.

As a class they represent the more serious degrees of mental unsoundness; hence are nearer suffering from actual insanity than those belonging to the other classes. This is evidenced in their woeful lack of inhibitory control and wilful conduct, which, in my judgment, also often represents the hidden secret of an apparently sensational divorce suit or a glaring newspaper scandal, which ends in a mysterious suicide or strange homicide. Owing however, to varying intervals of rational conduct (the neuro-psychopathic weakness appearing ofttimes only in paroxysms of short duration) they are the most difficult to control of all the neuro-psychopaths, and because of their vicious and even criminal tendencies, require more absolute surveillance than any other class of borderliners. Their supposed reasoning ability, however, and apparent rationality cause few courts to willingly adjudge them insane,

hence they are allowed to roam at large until they commit some serious offense.

The inability, therefore, to legally enforce the medical principle of absolute isolation in such cases proves a serious stumbling to their prognosis, beside often proves a great hardship to their friends and relatives as well as the family physician.

Prevention and Treatment. All competent medical authority agree that for the prevention and treatment of so-called nervousness, mental unsoundness or borderland insanity, certain principles must necessarily be enforced which take cognizance more especially of the mental as well as the physical organization of the individual. These consists in the wise selection, judicious use and skillful application of drugs, hygienic and mechanical agents, such as massage, electricity, hydrotherapy, employment, amusements, exercises, fresh air and sunshine, walking, riding, dietetics, and above all, healthful suggestions or psychotherapeutics, which include all forms of moral and pedagogic measures, and occasionally surgery. In order, however, that these therapeutic agents may have their most beneficial effects upon those who suffer from all kinds of nervousness or borderland insanity it is necessary that they be used more especially in the incipent stages and in association with the following principles: 1st. The substitution of new for old environments. 2d. Isolation from home, friends and even neighbors. 3d. Institution of mild discipline or restraint; and, 4th. Removal of the cause, when possible, as well as peripheral and all other sources of irritation. Time forbids enlargement upon the scientific use of all these remedial agents; suffice it to say, that when used early and in suitable simultaneous combination they often produce results which are most astonishing. It is, however, in the lack of their early enforcement that so many failures occur.

Legal and Medical Reforms. Realizing, moreover, the extreme difficulty which at times besets the proper enforcement of these principles by the family physician, I cannot refrain from directing your attention to at least two factors, which, to my mind, play a very important role not only in the successful care and treatment of all forms of nervousness, but also in their prognosis and prevention. I allude first to the inadequacy of the common law to deal with such persons. And second to the need of better state provision being made in their behalf. In order to bring this before you in a practical manner I will ask:— As family physicians, how often have you been placed in the predicament of fully recognizing the need of providing mild restraint, or isolation, for the nervous psychopathic patient, yet not prepared to go into court and testify under oath to his or her insanity? As it now stands, the common law in most states makes no provision whatever for the proper medical care and protection of that vast multitude who are now, so to speak, living in the borderland of insanity. Hence the family physician is greatly handicapped in his efforts to apply the scientific

principles embodied in modern practical neuro-psychiatry. All competent medical authority, however, agree that the primary conditions of success in the treatment of such person is the substitution of new for old environments, coupled with mild restraint and discipline, with more or less isolation from home and friends; and, if these principles can be enforced in their incipient stage, the prospects of a speedy recovery are greatly enhanced. How, I ask, can the medical practitioner, under the present social and legal status, enforce such scientific principles in the average case?

The inability, however, to legally enforce the medical principle of isolation or mild restraint by the physician often proves a serious stumbling block to the prognosis of his neuro-psychopathic patient, beside works a great hardship to many who, by virtue of kinship or social ties, are brought more or less into their daily close personal relationship. Especially is this true of those found suffering from neurasthenia, hysteria, psychasthenia, epilepsy, feeble-mindedness, primary dementia, incipient forms of hebephrenia, melancholia, mania, paranoia, all forms of inebriety, drug habitues, and other dissipators, besides those who suffer from hereditary or acquired nervous defects, which lead them to become more or less incorrigible or display vicious and even criminal tendencies. Such persons, through lack of proper early legal and medical restraint, are more liable to contract syphilis, enter into some unfortunate marriage relation, or get into the clutches of criminal and civil law, and finally land in either the divorce court, the penitentiary, or the insane asylum and thus become a ward of the state possibly for the rest of their lives.

The legal necessity which now obtains, compelling the unfortunate sufferer from neurasthenia, psychasthenia, feeble-mindedness, melancholia, hebephrenia, or any other form of mental unsoundness, to be adjudged insane before receiving State or private medical care, often exacts a severe hardship upon many who deserve more lenient consideration. This is very apparent when I cite an example with which, no doubt, you are all familiar. As it now stands the only provision made for the so-called neurasthenic suffering from morbid fears or sexual misgivings, before he can receive State or private medical care, is to be adjudged insane, which he refuses to do. The same law obtains in all the rest of the unsound or borderland mental conditions, more especially, however, when applied to the poorer classes, and what to do today for those found suffering from incipient and simple forms of melancholia, neurasthenia, hysteria, psychasthenia, epilepsy, feeble-mindedness, the different forms of inebriety, drug addictions, and those nervous conditions associated with juvenile incorrigibility and even criminal tendencies, proves to be one of the most difficult problems which now confronts the medical practitioner.

Need of Public Sanitaria for Nervous Invalids. Unless the patient happens to be financially able to provide for himself private,

proper and appropriate care, he is usually doomed to neglect or incurability, for the large majority prefer to refuse State aid rather than conform to the legal necessity of being adjudged insane with all of its supposed disgrace and consequent stigma. Moreover, if treated at home by the family physician the chances of recovery are greatly lessened and at best is simply a make-shift. Hence the practical need of State and city sanitariums or psychopathic hospitals, built or arranged expressly for the reception and treatment of those persons found suffering from all forms of neuro-psychopathy, and where the rules of admission are destitute of all the present objections of legal commitment, is not only a pressing need but an absolute necessity. In the larger cities special arrangements should be made with the managers of general hospitals to admit such persons and provide them with proper and appropriate care at the expense of the city, county, or state. When this is done, many who now refuse State aid, will gladly accept it and thereby greatly increase the percentage of recoveries. Moreover, many such persons, as a result of their psychological disorder, now refuse to submit to any form of treatment, much less restraint, even where their condition absolutely demands it.

Such should therefore be compelled by law to conform to the dictates of modern medical teaching and experience, rather than be allowed to gradually merge into a known chronic incurable condition and later become a ward of the State for the rest of their lives. That the failure of enforcement of early appropriate treatment, due to inadequate legal provision, is to a large extent the responsible agent for many of those unfortunates who are now legally compelled to spend their lives in the State insane hospitals, is now generally conceded by all competent authorities. As an economical, as well as a humane measure, therefore, the various States of the Union could well afford to provide psychopathic or detention hospitals, half-way houses, if you please, between the asylum on the one hand and the home of the patient on the other, where the mentally unsound or the presumably curable nervous borderliners could receive such early appropriate medical care and treatment they richly deserve without being compelled to be adjudged insane, or even subject to the many other objectionable features which now beset their legal commitment. By such action the percentage of recoveries would be greatly increased while the pecuniary gain to the State in not having so many incurable insane to keep for the rest of their lives would more than provide sufficient funds to build and even maintain such hospitals. That this is no idle dream or foolish whim of my own is easily dispelled when I remind you that the State care of nervous invalids is now being advocated by the leading members of not only the medical profession but by statesmen, philanthropists, and indeed all those who are thoroughly informed upon the medico-sociological problems of the age. It also formed the theme of Dr. Stedman's Address last year before the American Neurological As-

sociation, who strongly advocated the establishment of State sanitaria for nervous invalids in the following language: "What such patients need (referring to nervous invalids) are separate public institutions or sanitaria, especially constructed and equipped where they can have the intelligent technical care that their disease necessitates and treatment for the weeks and months that such cases require before they can really improve.' . . . . . For want of such provision these unfortunates who are often misjudged by the family had friends 'Go' as Lachr forcibly puts it, 'from doctor to doctor, polyclinic to polyclinic, healer to healer, in a vain search for what they need.'" The class of cases suitable for sanitarium treatment embraces nearly all the forms of nervous disease, except epilepsy. Besides neurasthenia, psychasthenia, hysteria, hypochondria, mild melancholia, migraine, chorea, paralysis agitans, tic,the sequela of apoplexy, cerebral paralysis in children, early dementia paralytica, early stages of tabes, myelitis, infantile paralysis, muscle atrophies, joint diseases, etc., all of which would be greatly benefitted by treatment in such a Sanitarium. "There are, to be sure, many appeals and plans afoot for charitable purposes and the process of awakening the attention and interest necessary to lay the foundation of such work would be a long and difficult one in spite of the general knowledge of the alarming increase of nervous disorders, but we have not yet even made the endeavor and it might well happen that such a charity would strongly appeal to the very class in which the effects of nervous overstrain are particularly prevalent, the hustling, never-resting business man whose prosperity has been bought at the expense perhaps of his nervous health." The adoption of public measures for the early treatment of nervous diseases by the separate care of such patients among the poorer class, either in wards or pavilions of general hospitals, or in special psychopathic hospitals, is an absolute genuine need and the physician of all others must be relied upon to educate those entrusted with power and authority to make such provision as to their special needs.

In a recent address in London even a layman in the form of Lord Rosebery, sees the necessity of putting forth more serious efforts in the prevention of neuro-psychopathy, or mild insanity, by calling attention to the enormous amounts of money now being spent on what he termed "The Tombs of the intellectually dead." He said vast sums were used annually for those from whom the nation can have no future hope, but who represent its waste and decay, and was, of all public investments, the most unproductive. He did not advocate the curtailment of such expenditures, but advised steps to arrest the increase of nervousness and insanity. He did, however, urge that if the public is willing to spend such vast sums on those whose intellects are dead, it should appropriate even greater amount in the alleviation of the condition of the sane poor, suffering from the various forms of nervousness and borderland insanity, who still may become of great use to the com-

munity. So great is the horror of insanity, and with such compassion are those afflicted with it regarded that even to discuss its treatment in a cold-blooded manner seems unfeeling. Nevertheless, Lord Rosebery's position is most logical.

The motives that prompt the excellent care given the insane should influence far greater expenditures in the eradication of the evils of tenement districts and the improvement of the environments of the helpless poor nervous invalid.

The great mistake of charity today is that too often it waits to sustain those whose usefulness has been destroyed rather than take measures to prevent poverty, crime, nervous diseases and kindred ills, thereby making valuable citizens. All competent authorities declare that all forms of neuro-psychopathy and even insanity in its incipiency is most curable and extremely susceptible to prevention when subject to early appropriate treatment. As physicians and conservators of public health, therefore, it would seem that our highest duty demands that we at least attempt to have removed all obstacles that interfere with the judicious application of these important medical truisms, more especially to those found suffering from mental unsoundness or borderland insanity.

Independent, therefore, of more than 4,000 insane, beside 2,000 in her various penal institutions and 500 in her Federal and Confederate Homes, Missouri has still another large and rapidly growing army of dependents yet to provide for in the form of unfortunate nervous invalids. At first sight their claim may seem presumptuous, but those of us who have had actual practical experience with them and their suffering cannot only fully appreciate their dilemma but also vouch for their special need of State protection and medical care.

In Conclusion. Extensive practical experience would seem to show that bad heredity, inadequacy of law, poverty or privation, and all kinds of dissipation, including alcohol, syphilis and other poisons, form an etiological quartet, which are inseparably linked in some way or other with all the various manifestations of neuro-psychopathy and therefore constitute the greatest enemies of those who suffer from either the congenital or acquired forms of mental unsoundness. As these causes are subject to certain laws and restrictions besides largely voluntary in character or come within the power of individual choice to change or amend, they are therefore to a large extent preventable, or at least by proper surveillance can be rendered for the most part innocuous. Hence it is hoped that this address may be the means of stimulating a more earnest zeal and enthusiastic interest in the welfare of those unfortunates who, by virtue of some congenital or acquired condition, suffer from the various kinds of mental infirmity or borderland insanity.

DISCUSSION.

Dr. W. W. Graves, St. Louis: The plea made by Dr. Punton does

not need a second from me. But I should like to emphasize a point on which he did not lay so much stress and this is that the nervous individual has only in the recent past received the just recognition and attention by the profession that he deserves. The nervous individual has been looked upon for years as one for whom nothing could be done. He is dismissed as an individual who has imaginary ills. Neither his environment nor his mode of life is inquired into and he receives only drug treatment and drifts about from doctor to doctor and finally, perhaps, becomes an inmate of the poor house. There are no imaginary ills afflicting humanity. When an individual presents himself as ill there is always something responsible for his symptoms. If we will give these cases more attention than has been given them heretofore, we will always be able to accomplish something for them. That the border line cases can be properly treated goes without saying, but they must first be recognized. In order to get them well it is necessary in many cases that they have a change of environment. Isolation, education, restraint, everything we can do to help the individual to help himself is the foundation for the treatment and the first step is isolation and this is impossible in a general hospital. The nervous individual in a general hospital receives about the same attention that he does in his own home. There must not only be an earlier recognition of these individuals but there must be a change in the method of treatment now commonly employed, and this question of a psychopathic hospital for their treatment is one of the burning questions of the day.

Dr. C. B. Hardin, Kansas City: I want to ask Dr. Punton to answer this question in closing. He speaks of mental and nervous diseases. Now, strictly speaking from a psychological standpoint, I would like to know whether there is such a thing as a mental disease, whether it is not always the body? As a general practitioner I have had several of these border line cases where it was my unfortunate duty to try to decide whether the individual was sane or insane. It is one of the most difficult undertakings in all the field of our work. It is to me sometimes impossible. I have incurred the enmity of individuals for having committed them to institutions which they got out of in a year or two and then reflected on me for ever having sent them there. The average man whose conceptions are fairly good, has a distaste, a phobia in fact, for anything termed an asylum. Dr. Punton's proposed institution will obviate that difficulty.

Dr. D. S. Booth, St. Louis: I would like to emphasize only the great necessity for treatment of these nervous and neurasthenic individuals, especially those patients who themselves often refuse to take treatment when their own family and friends recognize that there is something seriously wrong. I have such a case under my care now, if I may call it that, for she has to be "dragged" to the office by her husband and when he is away she is without treatment. These are the cases that are so often in court and it is in these cases that it is so often

impossible to convince the jury that the individuals are insane. They may have certain delusions and can easily become the subjects of crime, and are very difficult to handle from the standpoint of the psychiatrist. Another thing is the accusation of "imaginary ills" that is often made to these patients. There is no such thing as an imaginary ill. Introspection is an evidence of neuron weakness. A person imagines he has a certain disease when he really has some other disease, as a person who has been exposed to smallpox thinks he has smallpox when in reality he has some other eruption, but he really has some symptom or condition which causes him to believe himself ill. If we can cause these people to take treatment early we can save them from years of institutional treatment.

Dr. Wm. L. Whittington, of Marshall: I only want to add a few words of endorsement to Dr. Punton's paper. I am sorry the paper had to be read so rapidly and that a portion of it had to be omitted. I would suggest that Dr. Punton mail a reprint of his paper to all the physicians, that they may study it more thoroughly.

At the Missouri Colony for Feeble Minded and Epileptic, at Marshall, where I am Superintendent, all kinds of patients are brought there without discrimination. At State Hospital No. 2, it is the same thing. This will not be remedied until it is remedied by law. The starting point is with the family physician, and as soon as the family physicians take sufficient interest in this matter, just that soon will a step forward be taken, but no sooner. Consequently I hope and trust that the profession, the family physicians, will not neglect this matter, and will pass their cases on to a specialist who will take a deep interest in the subject and study it thoroughly before the case is sent to a State institution. All our State institutions are crowded to their utmost capacity and there is a constant cry to cut down expenses; and the Legislature seems to want to cut down appropriations. It seems now to be a question of who can run these institutions the cheapest. But it should not be a question of cheapness. It is a vital question of how can best be checked this growth of mental defectiveness, insanity, epilepsy, feeblemindedness, imbecility, etc., and that is the strong point of Dr. Punton's paper,—the question of invoking State aid. The crying necessity now is getting the family physicians interested and getting something done through legislation. The plan for the Missouri Colony at Marshall was agitated for at least five years before it was possible to get anything done for the feeble minded. We now have 450 inmates. We have about 250 applications that we can not take. The East is far ahead of us in this matter of institutions; there the family physicians are deeply concerned and the medical profession has taken hold with a strong hand and pushed the matter until they have secured advanced legislation along these lines.

Dr. Punton, in closing: I feel sure my paper cannot fail to appeal to every physician when he has time to study the true need of such an institution in this and in other states.

MALFORMATION OF THE RECTUM AND ANUS: REPORT OF CASE.*

BY W. H. COFFEY, M. D., KANSAS CITY, MO.

In presenting this case of malformation of the rectum and anus, I do it not because I have anything especially new to offer regarding the condition but the infrequency of those cases makes it necessary that we review them occasionally, "lest we forget." Yet with the full appreciation of the fact that but little attention is given by the obstetrician, or the general practitioner, to this part of the child's anatomy when it first arrives, I insist that they above all men should be alive to the importance of the question, for it is into their hands that are given the little human mites, so helpless and so hopeless unless the attending physician understands his business and makes a thorough examination of the frail bit of humanity entrusted to his care and skill. It is in the province of every man who labors with the mother at child-birth to have at some time during the ordinary practice of a life time, some of these rare cases with which he must deal. The most authentic statistics that I can gather give us about one in every four thousand births, but in their infrequency there is no justification for our inability to act, so far as the light of science goes.

I know it is the common every day things, the bread-winners, that demand our attention, and our most serious thoughts, and it is easy for the general practitioner to say, "we will leave that for the specialist to do;" but it is not the specialist who sees the unfortunate child when the work might be done which would save its life or rescue it from some hideous malformation and make its life more useful and more tolerable.

It would be an excellent rule to adopt, if you have not already done so, to examine for yourself (don't rely on the nurse or some old woman) every infant at whose birth you have assisted, if the meconium is not freely and easily voided within the first twenty hours. After the child's abdomen is distended the trouble has begun, and your work of art will not be so satisfactory. I speak of this at this length, because it is my firm conviction, having been a general practitioner for sixteen years in a rural district, where we depend very frequently on the report of some old woman, or the grandmother in charge of the infant; I say I believe it is possible that some children, if not many, have died from atresia ani, or tresia recti before being discovered.

The following case was referred to me by Dr. John Rose, of Argentine, Kansas. About the 1st of December, 1906, the child was brought to my clinic at the Kansas University by her mother, Mrs. C. The examination of the mother's history did not develop anything of

*Read at the Fiftieth Annual Meeting of the Missouri State Medical Association, Jefferson City, May, 1907.

special interest; she is the mother of three children, two of them by her first husband, our little patient being the second child; the other two children were healthy in every respect. The mother was 19 years old when she gave birth to our patient. The father was a healthy man but dissipated and indulged to excess in liquor at the time his wife became pregnant with this child. The mother had no premonition; in fact, she said she did not know at that time that such a thing was possible. However, she gave the history of an aunt on her father's side who marked one of her children, by throwing herself into a fit of anger upon being so often requested by her little boy to wrap up his finger. "I wish you had no finger," she exclaimed at length, and when her baby came, that identical finger was missing. So much for the history of the mother.

The child was a healthy little girl of eight years; never had any serious illness; her mother had never told her of her condition, and she

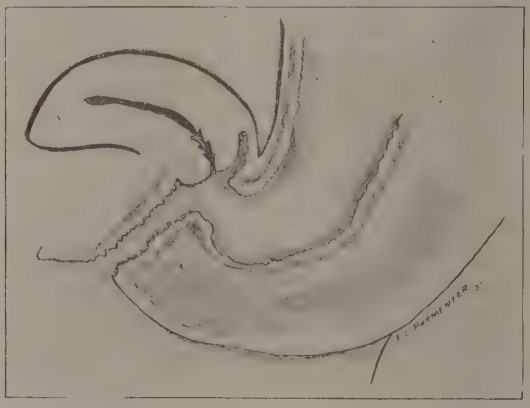

Fig. 1. The misplaced anus. Nature had given the little girl a few constrictor fibers, which were transplanted to the normal site. The anterior wall of the lower part of the rectum has a greater convexity than is shown in the illustration.

herself had only a few days before coming to my office discovered that she was not like other little girls. She had very good control of her bowels never finding it necessary to wear a cloth even when troubled with diarrhea. Upon examination, the external genitalia were normal, but no signs of an anus; however, upon close inspection you could see that the skin at the normal sight of the anus was a little darker than the surrounding integument. The vagina was very much larger than in a normal child of that age, yet hardly admitting my finger. One and three-fourths inches up the vagina I found an opening into the bowels into which I could pass the tip of my little finger, upon which it somewhat tightened, showing some sphiten action.

A bent probe passed into the rectum through the false anus showed the rectum ending in a blind cul-de-sac about one hand a half inches from the forchette. I advised the mother to submit the child to a surgical operation. The child at this time began to be so nervous that it was impossible to proceed further with the examination, and I decided to defer it until a time when she might be placed under an anesthetic. The mother consented to the operation, and the child was taken to the General Hospital on Thursday, December 6, 1906.

The hospital report shows that on the first day calomel and soda tablets, one-fourth of a grain each, were given every hour until two and one-half grains were given, followed by saline on the second day: third day, morning of the operation, she was given a high enema with good results. Patient was taken to the operating room at 10:40 a. m. and put under chloroform anesthesia, and was returned to the ward at 12:55; in all, two hours and fifteen minutes under the anesthetic.

Fig. II. *The perineal body is much larger in the subject than is shown in the illustration. The patient at this date (August 12th) has perfect control of bowels and is developing rapidly into strong girlhood.*

Fully an hour of this time was taken up by the examination of Drs. Griffith and Block, and another physician present, and in my explaining the case to the students. With the valuable assistance of my colleague, Dr. Thrailkill, we proceeded to operate by first making an antero-posterior incision over the normal sight of the anus, and also a transverse incision not so deep as the former, only going through the skin; thus making a crusial incision, following up this first incision fully one and a half inches, very carefully dissecting our way until we came upon the bowel. It was then suggested that we immediately go into the bowel and anchor it down to our incision, with the opening already in the bowel which nature had formed and fasten it to the posterior wall of the vagina. I could not see how it would be possible for us to get slack enough in the bowel to bring it down so as to cover up

all the raw surface with mucous membrane, besides we would lose what constrictor fibres nature had already given her at the misplaced anus, and we would also have had (if we had been so fortunate as to establish an anus at the normal position) a recto-vaginal fistula to deal with. Having in mind the Amuscut operation, I had intended to modify it somewhat by dissecting loosely through the vagina, the misplaced anus, bringing it down and suturing it to my external incision, without incising the anterior perineum; but with small openings and with my large fingers to work with, I gave it up as a bad job and did what we thought was the next best thing, and which I believe after all is the best thing to do in every case. That is lay wide open everything with a free incision, the anterior perineum carrying the incision up the posterior wall of the vagina to the misplaced anus, which gave us all the room that was possible for us to get to do our dissection; thereby enabling us to avoid to a great degree traumatism, which counts for so much in this operation. It was an easy matter after making the incision through the perineum to loosen the gut from the posterior wall of the vagina, saving all the constrictor fibers nature had given her there, and transplant them down to the normal position, suturing loosely my transplanted anus to the first incision made, with some six or eight catgut sutures. Then I had to deal with a lacerated perineum: although somewhat exaggerated I immediately closed that up in the usual way. Taking a rubber tube about two inches long, wrapped with gauze, and over this some gutta-purcha tissue, I placed this in the rectum for the purpose of allowing the gas to escape, or any liquid stool, and to make pressure in case of any oozing. The child was dressed and put to bed, as has already been stated, having been under the anesthetic two hours and fifteen minutes.

During that time the anesthetist three times pronounced the child dying, and at two different times he thought it was necessary to give her a hypodermic of one-sixtieth of a grain of strychnine, which he did and at one time one-eighth of a grain of morphine. I mention this to show you under what difficulties we were laboring. The hospital chart shows that at 10:00 at night following the operation the temperature was 101 in the axilla, pulse 110; respiration 28; urine voided but amount not given. One ounce of milk was given which was retained. Was given one-eighth of a grain of codiene hypodermatically for the pain; repeated at 12:00 which was the last she had during her stay in the hospital. On the night of the first day following operation at 10:00 o'clock, temperature 98.8, pulse 102, respiration 26. Urinated twice, amount not recorded. On the evening of the second day at 4:00 o'clock, a liquid stool through the tube. Voided urine four times during the day; temperature 92.2; pulse 108; respiration 26. Third day temperature 99.4; pulse 80; respiration 24. Voided urine twice during that day. Fourth day, temperature 99.3, pulse 84, respiration 24.

On this day a grain of calomel was given, in quarter of grain doses

every hour. In the evening an enema was given through the tube and a movement of the bowels was reported, with which the tube came away. On the fifth day, I found the child's temperature 101°; pulse 100; respiration 28. I found at this time the child's bladder was very much distended. A catheter was passed and 28 ounces of urine drawn off. On the sixth day urinated twice, fifteen ounces each; this was a natural urination by the use of hot turpentine stoups over the abdomen. On this day I noticed a drowsiness for the first time. No bowel movement on this day and a dose of saline was ordered. The seventh day no bowel movement reported; another dose of saline ordered; reported urinating twenty-six ounces. Eighth day dose of saline; urinated, amount not recorded; no stool. Drowsiness continued. On Monday, the ninth day after the operation, I found a large mass in the region of the sigmoid. It felt as large as my wrist. At this time she was very drowsy, and entirely disinterested in her surroundings.

It was plain then that we had an autointoxication. I stayed with the little girl, and with the aid of one of those rather stiff rubber catheters I washed, and gouged with my fingers, breaking up the hard fecal matter as it came down to prevent it from tearing open the wound which had healed. It seemed at times as if she in her straining would tear everything wide open, but no such misfortune occurred, though we thoroughly destroyed our tumor, and we saw to it thereafter that there was no more accumulation of the urine nor of the fecal matter, by the use of proper remedies, such as salts, etc. Each day after the tube came away, during her stay in the hospital, the anus was gently stretched with our fingers, either by the attendant or myself.

We had no more trouble; the patient continued to recover her strength and was discharged from the hospital on January 5, 1907, with very good control of the bowels. So high an authority as Dr. Fisher, of the Post-Graduate School of New York, in his book, just published, on diseases of infancy and childhood, states that this operation has proven very unsatisfactory.

I heard from her some weeks afterward. She had been going to school and complained of pain in her left side. I advised the mother to take her out of school, that she might be out of doors and get all the exercise possible. She did so and the child improved rapidly. I heard nothing further from her until a few days before coming here. I visited her at her home in Armourdale, Kansas, and found her in good health and with perfect control of the bowels.

Regarding the classification of malformations of the rectum and anus, I believe that Papendorf gives the most practical one, which is as follows:

1st, Preternatural narrowing of the anus.

2nd, Complete occlusion of the anus.

3rd, No anus whatever, the rectum deficient to a greater or less extent ending in a cul-de-sac.

4th, Anus normal. Rectum occluded for a greater or less distance.

5th, Anus opening at some other than normal position.

6th, Rectum opening into the bladder, the urethra or the vagina, the normal anus usually being absent.

7th, Rectum and anus normal; the ureter, vagina or uterus opening preternaturally into the rectum.

8th, The rectum absent.

9th, Rectum and colon absent. In these cases there is sometimes an opening leading into the intestine at some other part of the surface of the body.

Regarding etiology, what can I say? The embryologist and the Otologist show us clearly just how the human embryo is developed. Step by step it passes through the same stages as the animal embryo. I wish I had time to go deeper into the subject of embryology, but that would require another paper. Suffice it to say that the embryologist has shown clearly how such cases as the one I have referred to can occur. In the first instance we know that the mesenteron or central portion of the alimentary canal is formed from the hypoblast and consist of a simple tube which ends at the anterior extremity of the embryo in a blind sac, while at the posterior extremity a similar cul-se-dac is formed.

This tube of hypoblast represents only what is to constitute the mucus membrane of the alimentary tract, the other coats of the intestine being subsequently formed by the hypoblastic portion becoming enveloped in a layer of mesoblast which differentiates into two portions, the outer forming the peritoneal covering, while the inner develops into the muscular and connective tissue elements of the intestinal wall. An invagination of epiblast at the anterior extremity of the embryo meets and communicates with the anterior portion of the mesenteron; this (which is called the stomodæum) constitutes the mouth; a similar depression of the epiblast at the posterior extremity (proctodæum) forms the anal orifice by communicating with the mesenteron. We can see that a failure of this epiblastic layer of the mesoblast to properly connect with the mesenteron will produce a malformation of anus and rectum.

We take this explanation to be authentic and scientific, but it does not tell us why these two membranes did not properly connect. As everything works from cause to effect there must be some explanation of this failure. The lack of proper nutrition arresting development, or irregular growth of the proctodæum or mesenteron, is thought to be largely responsible for these conditions, and I believe, with all seriousness, that future investigations will prove that interference with the embryo during the first weeks of pregnancy in an attempt at abortion

does also contribute largely to the etiology of these malformations, also strong drugs, such as ergot, quinine, etc., tight lacing, introducing a probe into the uterus during the delicately forming embryo—anything, in fact, that will cause an undue contraction of the uterus during the early weeks. The old ideas of maternal impressions—"seeing things"—should be discarded as belonging to the dark ages. In this enlightened age these hideous malformations should no longer be laid at the mother's door.

The Spartans were content to throw their malformed children into the sea, but it is a bright page in the history of surgery that it is no longer necessary, whatever the cause, to throw our deformed children into the sea, but on the contrary to know that by the beneficent aid of surgery they may become if not entirely normal, at least so far removed from their previous condition that life will be more tolerable and they may experience most of the joys and pleasures of those more happily born.

DISCUSSION.

Dr. Stauffer, of St. Louis: Those conditions are always of exceeding interest; the one the doctor describes today is perhaps the most common, as far as we are able to judge by statistics. Statistics in this condition, however, are not any more reliable than in many other cases. The opening of the rectum into the vagina has probably a less serious effect on the future health of the person than any other complication that we might find in malformation of the rectum, and while it always should be repaired—if possible to do so—the condition is not as deplorable as when you find the rectum opening into the bladder, or the ureters, or the male urethra. The only criticism (if you can call it a criticism) I could suggest in the management of the case is that he might have succeeded in keeping a cleaner field, and getting quicker results, by first doing a colostomy, and then getting the field perfectly clean, and the parts would have possibly been restored sooner, without the danger from infection. However, the final result justifies the means employed.

Dr. E. H. Thrailkill of Kansas City: I read a paper before this society in 1903, in which I said the obstetrician should never hand over the child to its mother until after he has examined the anus. I also reported a case of a child in whom there was a rectal stricture which caused convulsions. I dilated thoroughly and the convulsions ceased. Fortunately these congenital malformations occur rarely. The operation described by the essayist was the first I ever saw, and I want to say that the doctor did a nice operation and got good results. I saw the child a month ago; she was cheerful, happy, well-fed, and having no trouble whatsoever. A perfect union with perfect results. I was very glad indeed to assist the doctor in the operation.

Dr. Frank Hinchey of St. Louis: The only exception I have to take to the doctor's paper is in his etiology. He says that embryologists stop short or are too vague, when they say there is in a measure arrested development, and believes that any instrumentation, in the attempted production of abortion in the early days of pregnancy,might be responsible for malformations. I do not see how this is possible at all. I do not see how it is possible to interfere with the development of the embryo when you do not rupture the membranes, for when they are ruptured, death of the fetus follows. I do not see how any attempt at abortion can effect the development of the child. Patients will often say to us that they do not mind—after they have tried abortion and failed,—carrying the child if they can only be sure the child will be "all right." If we can assure them that, inasmuch as the life of the embryo has not been destroyed and abortion immediately produced, there is no chance for any deformity to result, they are satisfied. I think the explanation of these deformities to be simply a reversion of type, where nature has stopped short at the cloacal stage, in the evolution of the embryo.

Dr. Coffey, in closing: I was very glad indeed to hear the doctor make the report about that child. I practiced sixteen years in the country, and I know that we very frequently left the grandmother, or some old woman, to look after the child, when it was our duty to examine the child and correct any unkindnesses of nature before too late. In regard to the remark of the doctor about the formation of membrane and this attempted abortion not having any effect, we must remember that at this time there are no membranes; there is no protection at the beginning of the formation of the embryo in the first few weeks of pregnancy.

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ABOVE ALL, THE CLINICIAN.*

BY W. G. MOORE, M. D., ST. LOUIS, MO.

The subject of this paper was suggested by reading an address delivered by the distinguished English physician, Sir James Crichton Browne, at the opening of the medical department of the University of Leeds last year.

After contrasting the universities of Germany and his own country, England, praising the generosity of the German Government in the endowment of their schools and the splendid results following their original research methods, Dr. Browne makes this significant and timely observation: "Great have been the contributions of Germany to medicine and surgery, but those of England have been greater still: and while at this moment the young medical men she is sending forth from her universities have perhaps theoretical attainments higher than those who learn at our medical schools, they are not better practically prepared for their professional work. As a clinician our young English practitioner is, I am inclined to think, quite equal to, if not superior to, any continental compeer. After all, it is the competent clinician that is the main thing.

"The researches must always be comparatively few in number. We cannot all be Laverans or Pasteurs or Koehs, but there is not one of you who may not, by profiting by the instructions here given, become the sure messenger of hope and healing in many a stricken home, and by your skill and science assuage the sufferings of your fellow men." These are noble words, nobly spoken.

A clinician is a bedside physician. One who is called upon to minister to the afflicted. He is the composite of the full and accepted meaning of physician in its broadest and best sense and those who do not measure up to his standard of requirements are at best but assistants to the real physicians whatever may be their attainments in the other branches of medical science.

No one more admires or values the advancement of recent years in pathology, bacteriology and allied sciences than myself, but one needs only to remember the brilliant clinical achievements of such men as Trouseau, Laennec, Sir Thomas Watson, John Hunter, Snydenham, Niemeyer, and our own deathless galaxy of great men such as Benj. Rush, Physic, Gross, DaCosta, Sims, Battey, Flint, and the immortals McDowell and Beaumont, besides unnamed scores of their contemporaries equally entitled to fame, who blazed the paths our feet have trod, without the aid of the microscopes discovered worlds—through their tactful genius and intelligent understanding of the phenomena of disease as they found it at the bedside and not in the dead room.

*Oration delivered before the Medical Association of the Southwest, Hot Springs, Ark., October 8, 1907.

While it is true we cannot all be Laverans or Pasteurs, it is equally true all could not be Trouseaus or Laennecs, Charcots or DaCostas, Hunters or Watsons,—but each of us may become the messengers of hope and healing in the stricken homes of our fellow men. How may this be accomplished at the present time? To my mind, it should be the burning question to those who are now laying the foundations of our medical schools whence come the doctors of present and future years.

Give the young men every facility possible for receiving the benefits of modern research, but bear in mind the small, the infinitely small, percentage who will have the opportunity if they possess the capacity to make it of practical value in their life's work, especially in this vast country of ours where so many have their field of work so remote from cities offering recourse to the opportunities they have. But there is one greater need than pathological and bacteriological laboratories for making the best and most useful physicians and that is the opportunity for the abundant, intelligent clinical study of disease in the hospitals of the land which are maintained by the taxation of the people, who are entitled to the best medical attention possible, to enable them to live and work most effectively. The medical graduate who has the advantage of an interneship in a large public hospital and applies himself closely to the phases of disease, studies the facies morbi, the pulse in all its manifold variations, the tongue as the mirror of internal derangements, the topographical anatomy, normal and abnormal, the decubitus and its meaning, the voice with its indescribable notes of significance to the experienced clinician, the ear marks of heredity of good or evil import—study these I say and learn their fullest meaning, then add to them the knowledge of the real possibilities of therapeutic remedies as known to-day and he will have armed himself in the most fitting manner to successfully cope with the largest proportion of ills that the flesh is heir to. Be he surgeon or obstetrician he must add to the things above mentioned the mechanics of those branches of our art in which tactful fingers play so important a part.

If he has the good fortune to be a pathologist and expert bacteriologist as well, then indeed should we expect of him the highest possibilities of our calling. If he possess the former without the latter accomplishments, he may be useful, aye the most useful man among his fellows, but if he possess the latter and is not master of the former requirements then indeed will he cut a sorry figure when called to the bedside to assuage the sufferings of the afflicted,—a rudderless ship in an untried sea.

I once heard Dr. Gross say, if he was seriously ill he would prefer to have for his physician an experienced country practitioner, who had spent his life in a close, earnest effort to understand in the best way the significance of symptoms and the remedies best suited to their relief. When I recall the great calm face and the never-to-be-forgotten

voice of this Nestor of American surgery, then remember the fine diagnostic skill of some men whose field of action is "far from the madding crowd's ignoble strife," I am impressed anew with the meaning of his words.

The man who has such ready access to the aid and counsel of others too often becomes careless in his own methods and too often relies upon consultants possessing the same fault for like reasons. They do not give sufficient time to watching the progress of symptoms themselves, and place too much reliance upon the nurses' records. Many of them know far too little of therapeutic remedies and delude themselves into a false belief that to be a therapeutic nihilist is the evidence of superiority in their calling. This condition of mind arises from insufficient knowledge of the power of therapeutic agents in many instances. But what is necessary to be done that we may correct our faults and increase our usefulness as clinicians?

First increase the organized power of the medical profession by sending more of our competent fellows to the legislative halls of our government, to the end that their special knowledge upon subjects, which have engaged their life's attention and upon which so much of human happiness and well being depends, may be forever interwoven in the complex fabric known as public economy. Let the wisdom of experienced physicians be brought to bear upon the great question of child labor, not from the one-ideal and selfish standpoint of the commercialist to the end that the tender child aided by machinery may become the commercial successor of his parents in filling their positions, while at the same time he fails in earning their rewards, thus blighting the hope of future development of the young,and at the same time impoverishing the old. Rather let the experienced mind of the medical man point out the degeneracy and enfeeblement of mind and body sure to follow such short-sighted and mercenary policies—not alone of the present generation but as well of the generations yet unborn. Let the medical public economist point out likewise the dangers of turning our school children over to the care of teachers who know only pedagogies, whose sole conception of duty is to keep up such an espionage over their little charges as will crowd the same amount of fractions and fragments of knowledge into the aching heads of the astymatic little fellows as go into the brains of fellow students through normal eyes and serene brains. The pathway of childhood is strewn with nervous wrecks and discouraged inferiorities through the misguided assiduity of unfit teachers and boards of education. Have in your school government ripe clinicians who will teach the doctrine of sanitary science in all its beneficence, to the end that the same curriculum is not alike applicable to all minds any more than the same manner of locomotion or feeding is suitable for all animals, birds or fishes.

The fit medical legislator will stand guard over the unfortunates of our race and see to it that the insane and criminal classes are not

committed to the care of those who know nothing of the influences of heredity or the power of environment for good or evil.

France is proud to commemorate the deathless deed of her beloved Pinel by having her distinguished artist place upon canvas his humanity in removing the iron shakles from an insane girl, thereby placing the human above the demon within her. From that day until this, humanity has supplanted chains in every well ordered asylum throughout Christendom. The flower gardens, shady lawns, sunshine and singing birds have taken the place of the dungeon's horrors, thus benefitting the minds and bodies of the insane and at the same time increasing the admiration and allegiance to existing government and its laws in the sane.

Since medical men are capable of such things, let the organized profession to which they belong rise in its might and demand, not ask, that they be placed in all the responsible positions where charities and corrections and sanitary conditions are being considered for national weal. Let the physicians of our country demand cabinet positions to the end that honor will come where honor is due and "peace have her victories no less renowned than war." For has not Pope truly said:

> "The wise physician skilled our wounds to heal is more than armies to the public weal."

If you want proof of this in our day only turn your minds back to the immortal commission under the guidance of Dr. Walter Reed appointed by our government to go to Cuba and find the cause of yellow fever. Their work was so well done and so quietly, that only a small part of the intelligent world knew when and how or who brought it about. And yet I assert their work is of more real value to the world than that of any army in history.

The reasons why medical men should make the best of law makers is easily found by those who remember, that in point of general intelligence physicians rank with any other class; the course of their lives lies among all kinds and conditions of men and they are singularly devoted to that calling which takes them away from the allurements of the speculator and stock markets and keeps them face to face with the stern realities of life. If a man be half a doctor his sympathy for his fellow men must constantly grow and all his efforts tend toward helpfulness. He knows the needs of poverty and the extravagance of luxury. He learns to pity the one and despise the other. He is usually possessed of convictions and the courage to back them against all the blandishments of the oppressors, it is the spirit of Pinel that would unshackle the unfortunate and cause men "to deal justly and love mercy" throughout our land.

Put these good bedside physicians in power and the institutions for the care of the sick and afflicted would be opened for the students and doctors to perfect themselves in clinical study to the direct benefit of the people at large. Sanitation would flourish with all its bene-

ficence and no legitimate enterprise would fail of support at their hands. Nepotism, that curse of the deserving, would disappear and open the arena of fair play.

But you say this is an utopian dream; yes, and will be, until the fully organized medical profession decides to make itself felt, and then your doubts will melt away like the mists of the morning.

A short time since I heard a member of a university's medical faculty state that he considered any surgeon who had been ten years in practice behind the times; notwithstanding he had been actively engaged in getting good results. To my mind such nonsense is only useful in emphasizing the unfitness of such men for the positions they encumber. If they have been getting good results in their work they ought to be ten times as good surgeons as any first year man without clinical experience from any school on earth.

If any country has impressed upon the minds of the medical world the truth implied in the caption of my paper, it is our own; for two unknown young men, American born, educated in American institutions, a comparatively short time ago, went to locate in a prairie village in one of our western states and by dint of close application, close clinical study of each case that they might be better instructed in the one to follow, made honest reports of their work until Rochester, Minn., without the shadow of any university, without the aid of great laboratories, has become the surgical Mecca of the world whither come the wise men of the north, east, south and west, the four quarters of the globe, to see and learn of these plain, unostentatious clinicians, whose charity I am told goes hand in hand with their marvellous results.

Let clinical teachers everywhere be strictly honest in their work, not beclouding their teachings with fine spun theories without basis of demonstrable facts, pointing always to the certain ways that lead to help and healing. They should point out their mistakes and the causes therefor, that their pupils may avoid their own blunders. Teach well the physical signs of disease as well as the pathology from whence they come, give to bacteriology and chemistry their full measure of importance, always keeping uppermost the supreme importance of correct clinical observation and the known therapeutic agents.

About five years ago I had the honor to advocate before the Missouri State Medical Society the desirability, as well as the feasibility, of a national committee appointed and supported by the government whose duty it should be to determine by every known means the actual therapeutic value of every remedy which finds place in our National Formulary. I see that the German Government has recently installed just such a committee. The immense value accruing to medical practitioners from this source need not be descanted upon here.

In an address delivered on the 2nd inst. in St. Louis by President Roosevelt, he made the statement, in speaking of the work on the Panama Canal, that many people at first became very impatient and com-

plained loudly because the dirt was not flying. But he said, "the sanitary conditions had to be attended to first, in order that the people who had gone there might be able to prosecute their task, and it had been so well attended to that when he was there last November, amid a population of 5,000 men, women, and children, there had not been a single death for two months." This statement is well nigh incredible and, notwithstanding the President did not see fit to appoint a medical man on the original Panama commission, you will remember when pestilence threatened, the nation did as individuals do under such circumstances and sent for a doctor. One of our distinguished practitioners of New Orleans, Dr. Gorgas responded to the call with the above detailed results. He began by lifting these creatures out of their squalor, taking away the half-cooked, decomposing foods which had caused them to die, as men can die from the camp dysenteries that made such dreadful inroads upon our young men in the war with Spain. He builded a clean, modern hospital upon a high hill where drainage was best, gave them sanitary surroundings and scientific treatment—in short, set a light upon a hill that other men, seeing his good work, might follow after him.

President Roosevelt, after seeing his good work, with most commendable justice, made him a member of the Panama Commission. Thus it happened that the only man who actually *won* his place thereon was this national doctor—Dr. Laurence D. Gorgas.

Apropos to this statement allow me to quote again, at the close as at the beginning of this paper, from the most admirable address of Sir Jas. Crichton Browne. He says, "it is by no means certain that with the fall in death rate, there has come a corresponding improvement in National health and vigor. On the contrary, we have evidence of wide spread degeneration and debility and if these are to be counteracted, medical aid must be invoked and medical advice systematically applied. In one large town after another there exists a deplorable state of matters as egards the growth and health standard of children attending elementary schools, and as to the prevalence among them of defects of mind, sight and hearing, and of various distempers and if these evils are to be corrected and the next generation given a fair start, we must not only have feeding, the beneficence of which has been demonstrated in Leeds by a philanthropic physician, Dr. William Hall, but regular medical supervision of the schools and medical regulation alike of physical training and of the educational burdens imposed. More and more must medical men become family counsellors and prescribe, not so much physic, as the course and conduct of life that will render physic unnecessary. More and more must they stand sentinels at the gateways and embrasures by which our bacterial foes made their inroads on the homes of the people. More and more must they participate in the municipal and national government and in legislation in both houses, and help to the solution of many social problems such as those connected with crime, drunkenness, vice and moral depravity too long misunder-

stood in the absence of any recognition of the pathological element that often mingles with them."

I beg of you to ponder well the wise words of our eminent fellow worker across the ocean! They are not only applicable to the conditions in England, but are equally so to every country in the world cursed by the methods engendered by our modern commercialism which is sapping the very life of our childhood and filling our asylums with the gibbering wrecks of our manhood.

One of the finest bits of fiction extant, if it can be called fiction, is the portrayal of a physican of the old school by Ian McLaren, a Scotch divine, who so faithfully told the world of the character of his hero Dr. William McClure that it is said "every Shire in Bonnie Scotland felt that it was their own doctor who was being made the model for our admiration and love." What greater tribute could be paid to any class of men than that a whole country should ascribe to their family doctors the virtues of William McClure!

It is this class of our brethren I would exalt to the highest places in the gift of the people. These men whose lives have been freed from dross while being tried in the fires of self-denial, devotion to duty, honesty of purpose, and helpfulness to mankind.

The gentle Scotch preacher who builded this beautiful monument to country doctors not only of Scotland, but the whole world, has gone to his last reward, dying recently in our own country. "May the bonniest of brier bushes" bloom eternally on his grave and may his name forever be enshrined in the heart of every doctor who loves his profession and would bid it God speed.

ALIMENTARY INTOXICATION IN INFANTS.*

BY JOHN ZAHORSKY, M. D., ST. LOUIS.

Some gastroenteric diseases in infants are undoubtedly infections. The gradual onset, the protracted course, the local and general disturbance, and the final immunity, all give the earmarks of a bacterial invasion. In recent years Flexner's and Shiga's bacilli have been given a definite place in the etiology of ileocolitis.

Yet there are a great variety of digestive disturbances which cannot be given a place among the true infectious diseases. The clinical features represent rather a poisoning. These intoxications are often of bacterial origin and Escherich has suggested that ectogenic and endogenic infections may be distinguished, depending on the source of the bacterial products.

These poisons, however, have never been isolated. Clinically we assume their presence when the infant suddenly shows a digestive disturbance which cannot be attributed to a change in food as to quality or quantity. The toxic symptoms which some infants show at the beginning of alimentation by cows milk must often be referred to an unknown idiosyncrasy. But in the case of an infant who is thriving on some milk, when toxic symptoms develop the assumption that an endogenic infection has occurred has been generally entertained.

It is a clinical truism that severe digestive symptoms are often a

*Read before the St. Louis Medical Society, November 2nd, 1907.

sequence of simple intestinal indigestion, and Kerly has insisted that the severe intestinal diseases may generally be prevented by the recognition of these mild digestive disorders and placing the infant on a cereal decoction.

The severe types of indigestion are preceded by the milder forms with such regularity that it is no wonder that Finkelstein (*Jahrb. f. Kinderheilkunde*, July, 1907) declares that all forms of indigestion are only different stages of the same disease. He recognizes four stages, viz:

The first stage he calls *Bilanzstorung*, which may be called the stage of stationary weight. In this stage, the clinical symptom which alone is prominent is that the infant does not gain in weight in spite of the fact that the quantity and composition of the milk are adequate. An increase of the quantity of the food results in no increase, or even a loss in weight. This is called the paradoxical reaction in indigestion.

The second stage is the familiar dyspeptic stage, which is characterized by stools which show that the food is not properly assimilated.

The third stage is called the stage of decomposition, or better the putrefactive stage. Here the stools give evidence of bacterial decomposition. The normal odor changes to an offensive stench which varies in different cases.

The fourth stage is that of alimentary intoxication, the subject of this paper.

Finkelstein deserves great credit for recognizing this syndrome, and its general acceptance promises very much to the progress of pediatrics.

To understand the pathology of alimentary intoxication in the restricted sense of Finkelstein, it is important to grasp certain fundamental conceptions in regard to the nutrition of infants. A healthy nursling should show no abnormal symptoms after the ingestion of a reasonable quantity of milk having a composition similar to mother's milk. He should gain in weight steadily. His temperature should vary little from the normal. The functions of the various organs should work harmoniously. Moreover, he should show a strong resistance to infections. Finally, he should possess the power to maintain a nutritive equilibrium on a considerable variation in the quality and quantity of his food.

When an infant is sick with indigestion he first loses tolerance to the quality or quantity of food. The tolerance to fat is usually broken first. After this, indigestion to the sugar is shown and, lastly, all ingredients of the milk seem to act as irritants. Then pathological symptoms arise after the ingestion of any milk mixture. Finally toxic symptoms arise which may quickly carry off the little patient.

Filkelstein has given a definite group of symptoms, all of which must be present to form his alimentary intoxication. These are: (1) Impairment of consciousness; (2) singular change in the type of respiration; (3) alimentary glycosuria; (4) fever; (5) collapse; (6) vom-

iting and diarrhea; (7) albuminuria and cylindruria; (8) loss of weight, and (9) leucocytosis.

Of these symptoms the first three are most characteristic; each may, however, vary in degree. The change in the consciousness may be very slight. The most common variety is known as the soporose form in which the infant lies quiet with the eyes closed or partly open, taking no interest in the surroundings. The eyes are sunken and the face has a distressed aspect. Sometimes the infant is wildly restless, delirious and has convulsions.

The change in the respiration is very characteristic. The respirations are regular but much deeper and more rapid than normal. When a child shows this symptom, with a very moderate temperature, the physician should always suspect alimentary intoxication.

The glycosuria is a most striking symptom. As a rule lactose and not glucose is found to be present.

Alimentary intoxication is generally preceded by intestinal indigestion and may be a complication of any disease. Its occurrence during the acute infectious diseases, such as pneumonia, erysipelas, cellulitis, dysentery, meningitis, and other infections diseases, may rapidly produce death. In cases of chronic atrophy and chronic indigestion it is the one complication which is most to be dreaded.

Finkelstein made the remarkable discovery that the ingestion of a large amount of carbohydrates by an infant suffering from nutritive disorders is generally followed by symptoms of alimentary intoxication. Fat also contributes to the outbreak of the disease. Recently, I observed an instance which strikingly corroborates this discovery.

A female infant, aged 4 months, illegitimate, had been placed in a foundling asylum by her mother, who assumed a position as wet nurse. The infant did not thrive in the home and very soon presented symptoms of indigestion in the dyspeptic stage. A week later evidences of the stage of decomposition appeared. The infant's temperature was subnormal, the stools were very offensive and were passed frequently. The loss in weight was very great.

The mother persuaded her employer to take the baby from the foundling home. This lady had had a large experience with her own children and she directed the wet nurse to place the sick baby on barley water sweetened with milk sugar. About 7 per cent. of the sugar was added to the barley decoction.

On the following day the infant presented alarming symptoms; the lady thought the baby was dying.

On this day the baby showed the typical symptoms of alimentary intoxication. A drowsy condition had presented itself. The infant lay semiconscious with the eyes partly open. He could easily be aroused, however. The pulse was rapid and the rectal temperature registered about 100 degrees. The characteristic deep breathing was observed at once. No urine could be obtained. The diarrhea had in-

creased. The infant was in a state of collapse, the pulse being very weak.

What clinched the diagnosis was the fact that the infant recovered in twenty-four hours by leaving the sugar out of the barley water and giving tea as a stimulant.

These cases rapidly improve on starvation and water. Barley water or weak tea, with little or no sugar added, often produces marvelous results. Casein seems to have no place in the causation of this disease. Whey, however, can rarely be given.

This peculiar morbid condition is relatively frequent. In the last few months I have seen several cases which showed the characteristic symptoms, in only two of which, however, was the urine obtained.

About two months ago Dr. Lippe and I studied a case at the Washington University Dispensary, in which the presence of a reducing agent was demonstrated in the urine.

The infant was C. R., aged 6 months, who had been fed on the breast until he was four months old. Breast feeding was discontinued on account of a chronic nephritis of the mother. The infant was placed on condensed milk and did very well until two weeks before she consulted us at the Washington University Dispensary. The infant began to have diarrhea, and rapid emaciation followed. During the last few days the infant had grown steadily worse. The condensed milk had not been discontinued entirely. The stools were grass green and contained much mucus.

The infant presented symptoms of collapse. The eyes were sunken and consciousness seemed to be greatly disturbed. The soporose condition was immediately noticeable. Another feature readily observed was the rapid and rather deep breathing. The pulse was rapid and feeble. The rectal temperature was 101 3-5 degrees.

The frequent green mucous stools and the absence of blood in the passages suggested that the little patient was suffering from follicular enteritis. The history of the disease corroborated the clinical diagnosis, but the symptoms of collapse and semicoma suggested a severe intoxication.

The infant was placed upon rice water and weak tea. Twenty-four hours later the clinical picture had changed entirely; the infant had improved in every way. The stupor had given way to a clearness of intellect. The deep breathing was replaced by a respiration almost normal. The rectal temperature was 99¼ degrees.

A specimen of urine obtained by the mother contained a substance which reduced the copper sulphate of Haines' and Purdy's solutions, but did not give the fermentation test. The urine contained considerable albumin and its sediment revealed numerous tube casts (epithelial, granular and hyaline).

In short, the clinical syndrome of alimentary intoxication in the sense of Finkelstein was complete. The rapid amelioration on a starvation diet also corroborated the diagnosis. Here was an infant suf-

fering from follicular enteritis fed on a food rich in sugar, rather suddenly revealing alarming symptoms, who rapidly recovered on rice water and tea.

The infant did not return to the clinic, but I heard subsequently that the infant recovered.

It is worth repeating that this symptomatic syndrome by no means occurs during digestive diseases only. It may occur during the course of any infectious disease, and Meyer found that infants with pyloric stenosis usually die with similar symptoms. In fact, infants who are apparently healthy and fed on an irrational food, especially one containing an excess of sugar, may suddenly develop serious symptoms, as in the case of Saunder's disease (*Interstate Medical Journal*, No. 9, 1907). The prompt recognition of the symptoms during the course of any disease will save many lives.

The disease may occur in children as well as infants. Such a case occurred in my practice recently. The patient was a girl 5 years of age, who had been suffering from recurrent colitis for several weeks. She had several stools daily containing much mucous. No fever was present. A few powders of bismuth and calomel were given. After the first dose, the child commenced to vomit. Everything was rejected from the stomach for twenty hours. She had two passages from the bowels. The axillary temperature rose to 100 degrees. The skin showed marked vasomotor disturbances. The child was drowsy and took little interest in her surroundings. The deep breathing was immediately noticeable. Examination of the urine on the following day demonstrated the presence of a trace of albumin and some substance which reduced the copper of Haines' solution.

On a starvation diet, the symptoms disappeared in twenty hours.

The great importance of this condition is that it is usually superimposed upon some other morbid condition; and since its causation and cure are known, its recognition and differentiation from the primary disease gives a chance to do much good.

What is the nature of this intoxication? Finkelstein believes that it is a disturbance in metabolism and some toxic intermediary products are found. To me it has seemed more reasonable to regard the condition as an intoxication from bacterial products in the intestine. Three forms of intestinal putrefaction are now recognized. The first is the indolic type in which large quantities of indol are formed in the intestine. The second variety is called the saccharobutyric type and in this form decomposition products of sugar and fat are formed. The former is initiated by the colon bacillus; the latter depends on the activity of anaerobic microorganisms. The third variety is a mixed type in which the proteids, hydrocarbons, and carbohydrates are subject to bacterial decomposition. Indol is rapidly oxidized, probably in the liver, to indoxyl which combines with sulphuric acid and is excreted in the urine as indican. This substance is, therefore, not usually toxic. If, however, the power of oxidation is very much reduced

by persistent indigestion, improper feeding, intestinal disease, or some general infectious disease, the indol may not be oxidized and thus become toxic. In conditions in which a demineralization of the body occur, the oxidative functions may be so much inhibited as to permit putrefactive products from the intestine to reach the circulation. In what way sugar and fat favor this intoxication is still obscure. Herter has called attention to the fact that a withdrawal of sugar from the diet leads to a diminution of indican in the urine in certain cases of marasmus. An excess of sugar may inhibit the oxidation of bacterial products. Finally, a combination of saccaharobutyric and indolic putrefaction may produce a compound which is toxic and yet not readily oxidized by the liver cells.

Furthermore, other toxic decomposition products may be produced. Phenol is sometimes formed in considerable quantities. There is no reason to suppose that all decomposition products have been isolated.

Whatever be the true explanation of the symptoms, the clinical syndrome known as alimentary intoxication deserves clinical recognition. In the way of prophylaxis it should be remembered that sugar is by no means a harmless substance and an excessive quantity may lead to serious mischief. Probably cane sugar is to be preferred in sweetening cereal decoctions. The old maxim that sweets may produce severe illness in children is corroborated by modern observations.

Looking back over my past experience I can recall numerous cases of sudden collapse in infants who had been fed on condensed milk and other foods which contain relatively a high percentage of carbohydrates. Especially in my work at the Bethesda Foundling Home these cases were frequently encountered. The source of the toxin could usually not be found. I feel convinced, without being able to give adequate proof, that many of these cases were due to alimentary intoxication. In summer when the excessive terrestrial heat naturally inhibits the oxidation in the infantile organisms, when an excess of sugar and fat is given, when putrefaction in the intestinal canal occurs most frequently, cases of alimentary intoxication may be suddenly brought about. What we have hitherto termed cholera infantum may really be a severe type of alimentary intoxication. In fact Finkelstein recognizes a choleric form of this condition.

Finally, I may state that the condition may occur in breastfed infants, especially when additional food is given. Only a few weeks ago I was asked to treat a baby afflicted with symptoms of collapse, diarrhea and vomiting, and marked cerebral symptoms. The deep breathing was well marked. Although no urine was obtained, the fact that the infant rapidly recovered on weak tea and rice water leads me to believe that Finkelstein's syndrome was complete. A few days later this infant was attacked by an infectious process in the lung, acute broncho pneumonia, from which also he made a slow recovery. In fact, alimentary intoxication breaks down the natural resistance to bacterial invasion, and infectious sequelæ may often occur.

1460 S. Grand Avenue.

THE EYE AND THE NERVOUS SYSTEM.*

BY A. E. DERWENT, M. D., CLINTON, MO.

The study of the neuroses of the manifest and obscure and often unrecognized symptoms from eye strain, has probably received less attention than most other branches of medicine, especially by the general practitioner.

While none has better opportunitids for the study of these different systems, the general practitioner ordinarily has very meager opportunities to become proficient in recognizing the often obscure causes of some of the most important conditions, such as myoclonus or tic of of the lid muscles. This is frequently diagnosed as chorea or hysteria, whereas it is often due to defective vision, or to various forms of ametropia, more often as a highly innervated heterophoria.

Digestive disturbances, such as constipation and diarrhea, persist with some children for years with the cause unrecognized, with various treatments and very often no permanent relief from failure to make a proper diagnosis.

I believe that 35 to 50 per cent. of glasses fitted by jewelers and most physicians in patients under 45 years of age are fitted wrong. Many of these cases get partial relief but go on with no further corrections. In 500 cases of refraction I have found that 35 per cent. of these, old and young, have some degree of innervated heterophoria. Very often these are not overcome by plus and minus lenses. I refer here entirely to spastic or muscle strain. Paralytic and congenital cases will not be discussed in this paper. Every case of refraction should be tested for muscle strain, without the use of cycloplegia before using refracting lenses.

A great many of these cases come for treatment of the eye after having been to numerous places to get glasses fitted, and failing to get relief are very much discouraged; usually, too, they have been taking long courses of treatment for the nervous system.

In many of these patients, with only one degree of deviation, this cannot be overcome either by exercise prisms or with plus or minus lenses.

De. Schwenitz says exercise with prisms is useful but often fails in convergence. Prisms in esophoria are of no service; continuous use of prisms is useful but tends to convergent excess. I have found that I can affect a cure in some of these cases by prescribing prisms both in exophoria and esophoria. Prisms changed often enough give comparative comfort in cases fitted both for distance and close work, and finally getting complete equalization of the muscles.

I have a patient who two years ago came with thirty-six degrees

*Read at the Fiftieth Annual Meeting of the Missouri State Medical Association, Jefferson City, May, 1907.

deviation in one eye and twenty-eight degrees in the other, who refused to let me operate on the muscle as I advised.

Prisms as a last resort were prescribed in this case with a change of these every three months; this gradually overcame the trouble and after two years' time the patient is still wearing, though only part of the time, a two degrees prism with almost perfect comfort and the squint has all disappeared.

I believe a great many cases of nervous digestive neurosis and constipation go on for an indefinite time with undiscovered innervated heterophoria, which are fitted by most refractionists who do not discover at all the real trouble. Refraction is fast becoming an exact science and requires most careful judgment and skill.

Four hundred inmates of the Elmira State Reformatory School, of New York, were found to have defective vision. Several cases of epilepsy have been cured lately by the proper correction of eye defects.

Every district school should have a refractive chart hung up in the school room, and backward children should be made, by the teacher, to read the test letters to see if there is any defect in the vision. Especially the eyes of every nervous child should be examined by a competent oculist. The majority of vicious children have vicious eyes and if these can be discovered early enough it will save the child a vast amount of suffering and put it on the road for doing better work at school.

DISCUSSION.

Dr. T. A. Coffelt, Springfield: Frequently a nervous child is taken to an oculist, who tries to correct the errors of refraction hoping to overcome the nervousness; but many are not relieved by the correction of errors of refraction. It is only by correcting this muscular balance that the patient is cured. More frequently the condition is not relieved and the patient goes from doctor to doctor, each of whom overlooks this muscular insufficiency, and he remains uncured and becomes discouraged. There is one peculiarity about the eye muscles and that is they must have just so much dynamic force or there will be disturbances, headache, pain or nervousness. I remember recently a school girl came to my office who had been complaining of headache. There was but little error of refraction, but the condition of the recti muscles was such that the eyes could not fuse their images through a prism over one degree base either in or out.

Dr. John Green, Jr., St. Louis: I do not agree with the doctor in the use of prisms in any case except where the deviation is vertical. The training of the internal and external recti by means of prisms is frequently indicated, but if I understood correctly, Dr. Derwent proposes to compensate for the lateral deviation by means of prisms, which I believe not to be good practice. We should correct the refractive er-

ror and then if there be heterophoria use prism exercises. Disease of the sinuses of the nose often cause muscle imbalance. Often the patient with persistent headache will go from one to another ophthalmologist without obtaining relief. It may finally be discovered that there is an occlusion of one of the sinuses and when that is corrected the patient gets relief. In connection with headache we should remember that nervous individuals often have headaches not due to eye-strain. There is such a thing as a nervous constitutional headache not due to eye-strain and though we may find a refractive error and correct that we will not relieve the headache. I think it possible that eye-strain may have some contributing effect in the production of epilepsy, but I do not believe it is the fundamental cause.

Dr. Derwent, in closing: I think my statements have been taken rather too broadly. I said that many cases could be cured. It depends upon the adduction and abduction we have in the eye. In many cases it canot be overcome, but in many others the prismatic exercises will accomplish good results.

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EDITORIAL.

THE COUNTY SECRETARIES' MEETINGS.

Arrangements have been completed for holding the meetings of the county secretaries. One meeting will be held in St. Louis and one in Kansas City. The date set for the St. Louis meeting is December 19th, at the Medical Library Building, 3525 Pine street; the Kansas City meeting will be held on December 23rd, in the parlors of the Midland Hotel. It is hoped that a large number of the county secretaries will attend these meetings.

The organization of the county secretaries will undoubtedly be the means of extending the influence of the county societies and enlarging the field of usefulness of the members; and through them the State Association will become a greater power for good than it ever has been. It must not be forgotten that the county society is the root-stock of the State Association; and if county societies will actively engage in the discussion of the various phases of the many problems which it is the privilege of the medical practitioner to voice, the State Association will flourish and its influence spread and grow until we shall see the accomplishment of those worthy objects for the attainment of which it was organized. But if the county societies are not wakeful and alive to the interests of the profession and of the people, and if they do not exhibit an active interest in these affairs, the work of the State Association can never be effective nor lasting.

LICENSES REVOKED.

Two more fake cancer doctors have been deprived of their licenses by the State Board of Health. They are Dennis R. Dupuis, alias Rupert Wells, and S. R. Chamlee, both of St. Louis. Health Commis-

sioner Bond through the various branches of the St. Louis Health Department collected the evidence in these cases and presented the charges before the State Board of Health. In the presentation of these cases before the board he had the assistance of the St. Louis Medical Society through its attorney, Mr. I. V. Barth. Therefore much credit is due to Dr. Bond and Mr. Barth and to the St. Louis Medical Society for the energetic and effective work which enabled them to carry these cases to a successful prosecution before the State Board of Health.

Of that class of advertising doctors most guilty of flagrant violations of the Medical Practice Act and of ethical conduct, four have now been deprived of their licenses; they are Bye and Johnson, of Kansas City, and Dupuis and Chamlee of St. Louis. Other cases are pending before the State Board of Health but they were laid over until the next meeting. County societies in other parts of the State have taken up the matter of prosecuting illegal practitioners in their districts, so that we hope to chronicle the disappearance of other fraudulent doctors soon after the next meeting of the Board.

In this connection we are glad to publish a list of persons and institutions who have been denied the use of the United States mails and, therefore, newspapers carrying these advertisements will be unmailable. The postmaster in St. Louis has notified all St. Louis newspapers to that effect. The following persons and institutions are affected by this order:

Dr. DeMeyers and DeMeyers-Dennis Medicine Company,
DeMyers Sanitarium, 2112 Olive St.,
Dennis Sanitarium, 2639 Washington St.,
North Side Sanitarium, 809 Bel.....St.,
South Side Sanitarium, St. Louis, Mo., and Office, 5½ Main St., East St. Louis, Ill.
Dr. Mahon and Dr. W. T. Mahon, 2304 Park Avenue,
Mrs. Pauline Kahn, 3117 Nebraska Avenue.
Mrs. Dr. Smith Bruegel, 3507 Franklin Avenue,
The South Side Sanitarium, 2344 South 12th St.,
Mrs. Whittle, 2910 Olive St.,
Dr. Demmler and Thomas Remedy Company, 3125 Olive Street.
Mrs. Mary Arthur, 3129 Morgan Street,
Mrs. A. Schroeder, 2907 Franklin Street,
Ward Remedy Company, 2902 Washington Avenue.
Mrs. Hoelker, 2232 Clark Street,
Mmes. Merrifield & Unger, 6407 Easton Avenue.
Dr. Fitzporter and Galen Medical Institute, 1516 Chestnut St.,

These advertisments were of a character containing information and giving notice where abortifacients and the performance of criminal operations could be obtained, which is in violation of the revised statutes of the United States.

In addition to closing newspaper advertising to these persons and institutions the post office department has declared the following names to be fictitious; therefore, any mail addressed to them will not

be delivered but will be sent to the Dead Letter Office as fictitious matter:

DeMyers-Dennis Medicine Company,
DeMyers Sanitarium, 2112 Olive Street,
Dennis Sanitarium, 2739 Washington Street,
North Side Sanitarium, 809 Bel.....Street
The South Side Sanitarium, 2344 South 12th Street,
South Side Sanitarium,
Galen Medical Institute, 1516 Chestnut Street.

Through evidence gathered by the Health Department, all these people have been convicted, in the police courts, of violating either the Medical Practice Act or the provisions of Ordinance No. 22998, recently passed by the municipal assembly of St. Louis, which require all institutions to obtain a permit from the Board of Health. This and other evidence was submitted to the postmaster, who ordered an investigation of the business methods of these people; and the result of this investigation was the action above noted.

The medical profession throughout the state should feel greatly encouraged in its efforts to purify its ranks of these pests. A few more convictions and a few more stop orders by the post office department will cause the rest of them to depart, with their wonderful discoveries and their sure cures, to more fertile fields—as did Francis and Francis, two of the worst advertising quacks in St. Louis, who left that city just in time to prevent the post office department from issuing a fraud order against them.

THE DOCTOR IN POLITICS.

The two representative British medical journals, the *Lancet* and the *British Medical*, have recently given considerable space to lengthy editorials bearing on the vital subject of the good that results, not only to the medical profession but to politics *per se*, by the election to office of medical men. Among the famous men cited we find Combes and Clemenceau in France, Dr. Jameson at the Cape and Professor Baccelli in Italy; and in a lesser degree Mr. R. R. Dalglish, who "has received the honor of mayoralty for the ninth time since 1885, while the Montgomery records announce that Mr. N. W. Fairles-Humphreys has eight times been mayor. But the blue riband for medical mayors must be accorded to the historic borough of Saffron Walden in Essex, where during the latter half of the eighteenth century the civic chair was occupied by medical mayors on six occasions, during the nineteenth century 17 times, while the century in which we are now living has already seen three medical men in the highest municipal post."

The foregoing statements from authoritative sources indicate that in certain parts of the world the fact that a man is of the medical profession is no deterrent to his entry into the political arena. Again,

the fact that a number of the doctors have been repeatedly honored illustrates an appreciation of their powers to administer public matters and a possession on their part of principles of so high a character that one may say with considerable assurance in no case has there been evidence of a doctor's reputation becoming tarnished through politics. And here we might dwell on the enormous possibilities for good which the medical man can exercise when he accepts an office of inferior or superior worth. While every doctor who is elected to a political position cannot wield the power of a Combes, who is the present premier of France, or of a Clemenceau, he nevertheless may be the means of influencing, by reason of his scientific knowledge, the many problems which will confront him. And these problems, involving sanitation, pure food laws,legislation against quackery, child labor, the smoke nuisance, are surely not light material but such stern stuff that a superior amount of knowledge is necessary to combat them effectively. Now, although the cabinet at Washington has never had a medical member and may never have one, considering how things are arranged with us; and other high offices throughout the land may continue to be closed doors against the profession, the fact remains that no small importance should be attached to a membership of the legislature or to the mayoralty of even a small town, when such positions are filled by medical men of the stamp set forth in the British journals. For by keeping the interests peculiar to the medical man's vocation independent of the interests attaching to a political position, the latter is so strengthened by the splendid quality of disinterestedness that its powers to correct sanitary mistakes (to take but one instance), or abolish the many abuses which obstruct the way to success, are illimitable. And the sooner the doctor who wishes to realize the high ideal which can result from the association of medicine with politics, learns the importance of the right interplay of one with the other, the sooner will be taught to the world at large the necessity of electing that sort of man in preference to one whose politics overshadow his little knowledge to such an extent that he is a mere politician, with all the moral shortcomings of that class.

PROCEEDINGS OF THE MEETING OF THE STATE BOARD OF HEALTH, NOVEMBER 19, 20, 21, 1907.

The State Board of Health met in St. Louis on November 19th and remained in session three days. In addition to depriving Dupuis and Chamlee (fake cancer doctors) of St. Louis of their licenses, the license of one midwife, Mrs. Emma L. Bridges of St. Louis, was also revoked; Dr. B. A. Duncan, of Moorehouse, Missouri, was found guilty of illegal traffic in intoxicants, but judgment was suspended for one year pending good conduct, and Dr. Harry S. Brevoort, of St. Louis, was charged with impersonating Dr. Chamlee but judgment in his case was also suspended for one year pending good conduct.

The Barnes Medical College, having failed to equip its laboratories with proper apparatus for the teaching of medicine, in accordance with the requirements of the Board, was not placed upon the list of accredited medical colleges of the State thus barring its students from examinations before the Board for licenses to practice in the State. The Hippocratean College of Medicine, of St. Louis, was also discredited for similar reasons. The latter is the recently inaugurated night school for medical students.

The Board agreed that the State Bacteriologist, Dr. Guthrie McConnell, of St. Louis, should analyze for tuberculosis bacilli such dairy products as may be furnished him by the State Dairy and Pure Food Commissioner and that a report of such analysis shall be incorporated in the Bacteriologist's quarterly report to the State Board of Health.

The following resolutions were adopted:

"Resolved that, Inasmuch as cow's milk forms such an increasingly large part of the diet of the infants and the children of this State, and inasmuch as the value of milk as a food depends nearly, if not quite as much, upon its cleanliness and freedom from disease-producing bacteria as upon its chemical composition, therefore, it is the opinion of this Board,

That all the larger towns of the State should safeguard the health of their several communities by passing ordinances for the control of the milk and cream supply of their cities:

That they should empower the mayor to appoint some competent person, preferably a competent physician, to act as local health officer and dairy inspector, to be paid a reasonable salary for his services; and,

That all towns so endeavoring to protect themselves should be offered the active co-operation of the State Board of Health, the State Dairy and Food Commissioner, and the Veterinary Department of the State Board of Agriculture."

The above is especially recommended because of the increasing prevalence of tuberculosis in the dairy herds of the State and the danger in consuming milk from such diseased animals.

The Pure Food Commission plans to purchase guinea pigs, to be innoculated with milk from suspected cattle, in an effort to determine the presence of tuberculosis.

The proposition of the Missouri State Antituberculosis Society to send over the State an exhibit car for disseminating knowledge on tuberculosis, was laid over until the January meeting.

Professor Charles Calvert, of the engineering department of the Missouri State University at Columbia, submitted a plan for the geological water survey of the State, which was approved by the Board. The plan is to investigate the condition of the water in various sections of Missouri to determine its wholesomeness for drinking purposes. State Bacteriologist McConnell was authorized to assist in this work.

THE COUNTY POOR FARM.

At the joint meeting of the committee on public policy and legislation and the representatives from county medical societies in July, 1906, Dr. Highsmith, of Carrollton, stated that the county poor farm in his (Carroll) county was in a deplorable condition and that no steps could be taken for improving this state of affairs because there was no legal provision for such a contingency. Several other members from different counties spoke of the dilapidated condition of the poor houses in their localities, and all deplored the absence of any legal provision for improving these homes and making the inmates more comfortable. The suggestion was made that the State Association endeavor to direct legislation which would enable county authorities to raise money for the purpose of improving the condition of the poor houses. So far as we know nothing further has been done in this direction. It is, however, a subject which the members of county medical societies can discuss with profit, for they are in a position to suggest many improvements which will make the lot of the unhappy inmates pleasanter and happier.

Recently this matter was made the subject of a strong editorial in the Bunceton *Weekly Eagle*, published in Cooper county, and a full description of the deplorable condition of the poor farm was published at the same time. We believe the editorial will be equally applicable to the condition of the poor farms in other counties and, therefore, we publish it in full.

We hope that county societies will take up this question and that a movement may be started which will result in providing means whereby county authorities may be empowered to raise money for this purpose. The editorial is written under the caption "Is Poverty a Crime," and is as follows:

"Is poverty a crime? Is the man or woman who is growing old and gray committing a wrong in the eyes of the law? Is it a double crime to be both old and poor in Cooper county? These questions are naturally answered in the negative.

How, then, will you answer this: Why are the inmates of the Cooper county poor farm denied the comforts and conveniences such as even transgressors of the law are permitted to enjoy?

The inmates of the state reform school at Boonville live in a palace as compared with the old frame shacks wherein are housed Cooper county's poor. At the reform school are beautiful grounds, flowers and pleasant surroundings, with the comforts of steam heat, water and sanitation, just as it should be. Even the hardened criminals in the Missouri penitentiary are made far more comfortable than the unfortunate inmates in Cooper county's poor house. In the penal institutions, hospitals are provided for the sick, there is spiritual consolation for the dying, and the insane are cared for at the asylums where they belong. But not so in all the so-called charitable and eleemosynary institutions.

Right here in Cooper county, with its boasted wealth and tradi-

tional pride, old gray-haired men and women live and die—yea, die a thousand deaths—in old frame buildings, than which many of the comfortable cabins of slave days were better. Here for years many of the pitiable creatures have existed, often shivering from cold in winter, almost driven to desperation by the swarms of flies in summer, and for years fighting a battle with bed-bugs. The moans of the suffering and the meaningless words of the partially demented make of the lives of the others a half hell. No adequate heating arrangements, no waterworks, no bath rooms, no sewerage system. No pleasure for the living, no spiritual comforter—only the consolation of getting away—for the dying. After death, perhaps an unmarked pauper's grave—and forgotten. A terrible picture, you say. Yes, terrible because true!

"The measure of a civilization is the provision it makes for its poor," said Dr. Johnson one hundred years ago and it's as true now as it was then.

The gloomiest place in Cooper county is the poor house—rightly named. And the trip is truly "over the hills to the poor house," for the road from Speed, the nearest railroad point, is anything but good. More, though, ought to take the trip just to see for themselves, and they will come away sorrowful and ashamed.

The conditions, much as they have been improved under the present management, are still almost inconceivable. The buildings are old and dilapidated, and in no way suited to the uses to which they are put.

There is no reason why Cooper county should not provide comfortable, decent and modern buildings for the unfortunates whom a cruel fate has committed to her charge. Because these poor people have fallen down in life's race, and have become destitute and helpless, and perhaps diseased and demented, is no reason why they are not entitled to the rights of a county home instead of a miserable poor house.

Let us have a county home and call it such. Out of consideration for the inmates and their relatives we have changed the names of other public institutions. We now have the state training school for boys instead of the reform school, industrial school for girls instead of reformatory, and hospitals for the insane instead of lunatic asylums, but we still use those unfeeling names, "poor house" and "poor farm." And just as we have not changed the name, neither have we changed the character of the institution.

All the blame does not rest on past county courts or poor farm superintendents. As Judge Martin remarked last week, "We have been particularly fortunate in the character of men we have had, as there have never been any charges of cruelty, nor any scandals." Yet Judge Martin, taking advantage of a wise provision of the last legislature, saw fit to have the grand jury inspect the buildings, and the report is worthy of consideration.

The fault is with the people and the cause of it is a lack of knowledge and thought. Cooper county's sin has been one of omission. No conscious cruelty is responsible for the kind of "poor farm" that Cooper county imposes to make poverty appalling. The light ought now to break through. The time ought to be at hand when the people of Cooper county will respect the rights of the unfortunate under the law as readily as they would recognize the appeal of distress to their private generosity. How very little it would take from each man's fortunate portion to build a county home that would substitute decency and cheerful comfort for the gloom of despair and isolation!

There surely can be no one who fears that the lot of the helpless and destitute men and women might be made too pleasant. There is no reason for treating such persons as though poverty were the worst offense, unworthy of even the creature comforts that await the criminal.

The present county farm should be sold and the proceeds applied toward providing a modern county home, conveniently located to some railroad point and having the advantages of light, heat, water and a sewerage system. There should be a hospital room for the sick, and a competent attendant to constantly look after all the patients. No insane persons should be kept at the county institution, just for the sake of saving a few paltry dollars, nor at all unless a ward be provided especially for them. The ball and chain is not for modern civilization, and the idea of keeping demented persons chained at the poor houses belongs forever to a dark and ignorant past.

With the money derived from the sale of Cooper county's present poor farm but little additional would be needed to provide a modern, accessible and convenient county home—not the traditional poor house. Let the movement take active form. Hasten a special election, pay the long overdue debt to humanity and properly provide for the poor who live in life's dark evening. The tax would be inappreciable, and no man, whether he calls himself Christian, humane or merely civilized, should object.

The saving in the present system, if there is any, is not worth the dishonor.

Poverty, as the result of misfortune, is not a crime, and those who have by natural impediment or ill fortune been outstripped by those who have lands, houses and homes of their own are not criminals."

ANTITUBERCULOSIS WORK.

CONFERENCE BETWEEN THE STATE BOARD OF HEALTH AND THE MISSOURI STATE ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS.

As will be remembered, an organization was effected at the meeting of the Missouri State Medical Association last May at Jefferson City by a number of members who proposed to make a state-wide fight against consumption, the temporary organization being there made permanent, thus in a special manner constituting it the child or outgrowth of the medical body.

Later, legal incorporation was effected and work was begun to secure organization in every county and town looking to the overthrow and extinction of tuberculosis.

This work has been pressed as much as possible, all things being considered, and something has been accomplished, but progress has been hindered by lack of funds, voluntary contributions having been very meagre.

An auxiliary movement, made at the May meeting in the Section on Medicine, proposed the preparation of an abridgment of the series of papers read there in the symposium on tuberculosis, and their publication and circulation in pamphlet form, the cost to be met by the col-

lection of twenty-five cents from each member of the local societies, but this plan was found to be unworkable, very few responses having been made.

It is hoped, however, that the State Medical Association will itself assume this expense, and negotiations to that end are pending, with favorable prospects, as the wide distribution of such literature will greatly aid the antituberculosis society in its work.

In order to encourage thorough local organization it is in contemplation by the State Association for the Relief and Control of Tuberculosis to equip a car with a complete exhibit of all the aids and appliances found useful in the war on consumption, also charts, diagrams, photographs, literature, stereopticon outfit, etc., and send it out on a tour of the state, holding a meeting and giving lectures and demonstrations in every town where such can be arranged for, thus teaching by eye and ear the risks and remedies in relation to this wide spread plague.

Experience in St. Louis and elsewhere has shown that in no other manner can these truths be so convincingly brought home to the minds of the people.

The money needed for this undertaking, however, is not in sight, but a conference was held, on November 21st, last, between the State Board of Health and the officers of the Association and the subject was carefully considered, but no final decision was reached it being agreed that as complete an estimate as possible of the probable cost of such an enterprise should be submitted at the meeting of the Board next January. The opinion was expressed at this meeting that this project, if realized, should be conducted under the joint auspices of the Board and of the Association.

As the suppression of tuberculosis is a sanitary service of the highest moment, and as the Board has a fund for sanitary work, it is thought that possibly a way may be found whereby aid can be extended in the work of equipping and operating the exhibit car. If this can be done it will place Missouri in the very forefront of sanitary progress, as nowhere has such a means of reaching the people been employed.

As another means of reaching the public the Association has established a journal of its own, called *Control*, the first number of which appeared in November and copies of which can be had of the Secretary, Mr. R. J. Newton, 625 Locust St., St. Louis; subscriptions may be sent to the same address.

The possibility of preparing and presenting an exhibit representing Missouri at the International Tuberculosis Congress, which will meet at Washington, D. C., next September, is also being considered by the Association, and the counsel and the aid of the medical profession in this respect is cordially invited.

THE REORGANIZATION OF IRON COUNTY MEDICAL SOCIETY.

Iron County Medical Society was reorganized and will begin active work. The following members were present at the reorganization of the meeting: Ira A. Marshall, Ironton; R. W. Gray, Ironton; G. W. Farrar, Jr., Ironton; C. C. Kerlegon, Belleview; J. Q. Adams, Belleview; E. L. Barnehouse, Ironton; Jas. Martin, Pilot Knob; C. Jones, Des Arc.

We are pleased to chronicle this activity in Iron County and shall look forward to publishing the proceedings of the meetings.

ARTICLES APPROVED BY THE COUNCIL ON PHARMACY AND CHEMISTRY.

Benzo-Formol Comp. (H. K. Mulford Co.)
Blandine Comp. (H. K. Mulford Co.)
Cremo-Bismuth (H. K. Mulford Co.)
Methyl-Santal (H. K. Mulford Co.)
Protan (H. K. Mulford Co.)
Coryfin (Farbenfabriken of Elberfeld Co.)
Monotal (Farbenfabriken of Elberfeld Co.)
Novaspirin (Farbenfabriken of Elberfeld Co.)
Taka-Diastase (Parke, Davis & Co.)
Colalin Laxative (Rufus Crowell & Co.)
Maltzyme with Cascara Sagrada (Malt-Diastase Co.)
Maltzyme (Plain) (Malt-Diastase Co.)
Maltzyme with Cod Liver Oil, (Malt-Diastase Co.)
Maltzyme with Cascara Sagrada (Malt-Diastase Co.)
Maltzyme with Hypophosphites (Malt-Diastase Co.)
Maltzyme with Yerba Santa (Malt-Diastase Co.)
Maltzyme Ferrated (Malt-Diastase Co.)

The Committee on Medical Legislation of the American Medical Association will meet in Chicago December 10th, 11th and 12th, in conjunction with the members of the National Legislative Council. Dr. F. J Lutz, of St. Louis, is the member of the Council from Missouri and Dr. H. E. Pearse, of Kansas City, will represent the Missouri State Medical Association at the meeting.

On Saturday, November 30th, the officers of the St. Louis Medical Society gave a "smoker" to the members of the Society. About two hundred members attended. After short addresses by Dr. H. Tuholske, "A General Talk"; Dr. C. H. Hughes, "Recollections of Early Medical St. Louis;" Dr. O. A. Wall, Sr., "Our Schools of Medicine and of Pharmacy;" Dr. Hugo Bartscher, "Pure Food Legislation," light refreshments were served.

Dr. Kenneth W. Millican, formerly editor of the *St. Louis Medical Review* and now connected with the *Journal American Medical Association*, was honored with a banquet on November 8th at St. Louis.

Dr. Millican's career as an editor needs no comment here, his written words having already proclaimed his efficiency. Though no further remarks are necessary to place him in his true light as editor, before the medical public, it may not be inopportune to mention here the qualities of head and heart which have been the means to an end envied by many. Learning and graciousness are qualities of the first order but when the former is tempered with modesty and the latter is strengthened with a fellow feeling of unusual proportions, they make for much in developing character and citizenship. And Dr. Millican has always shown full possession of all these good points.

The following toasts were given: The Man We Honor and Why We Honor Him, by Dr. James Moore Ball; Dr. Millican as a Friend, Dr. J. R. Lemen; Dr Millican as a Scholar, by Dr. M. G. Seelig; Dr. Millican as an Editor, by Dr. Louis M. Warfield; Why We Regret to Lose Him, by Dr. O. A. Wall; Our Wishes for His Future, by Dr. John C. Morfit.

The second annual meeting of the Medical Association of the Southwest met at Hot Springs, Ark., October 8th, closing the 10th, with something over 100 active, enthusiastic physicians and surgeons in attendance. The papers read were of an unusually high character and were all ordered published in the different state journals.

The report of the executive committee gave in detail the work of the association for the past year showing the efforts made to bring the association to the attention of every practicing physician who was a member of the component state associations, and to adjust the matter of constitution between the House of Delegates of the A. M. A. and the association; and asked that its action in appointing a committee to confer with the committee on organization of the House of Delegates of the A. M. A. at the next annual meeting, be approved by the general association.

The following officers were elected for 1908: President, T. E. Holland, Hot Springs, Ark.; vice-presidents, S. S. Glasscock, Kansas City, Kans.; S. C. James, Kansas City, Mo.; J. E. Gilcreest, Gainesville, Tex.; B. J. Vance, Checotah, Okla.; secretary-treasurer, F. H. Clark, El Reno, Okla.

Howard County is keeping up its record for prompt payment of dues and regularity of meetings. Dues for 1908 were collected on November 1, at the annual meeting of the Society. The energetic secre-

tary, Dr. C. W. Watts, has entered upon his fifth year as secretary of the Society and has almost completed his fiftieth year in practice.

Dr. W. F. Kuhn, Superintendent of State Hospital No. 2, at St. Joseph, with the approval of the Board of Managers, has appointed a consulting staff for the Hospital consisting of the following physicians: Gynecology: Dr. Chas. H. Wallace, Dr. J. W. Heddens. General Surgery: Dr. L. A. Todd, Dr. W. F. Schmidt. Internal Medicine: Dr. T. H. Doyle, Dr. W. B. Diffenbauch. Eye and Ear: Dr. E. G. Renaud, Dr. Barton Pitts. Nose and Throat: Dr. L. R. Forgrave, Dr. Perry Fulkerson. Pathology: Dr. A. B. McGlothlan. Consulting Pathologist: Dr. S. A. Good.

This is somewhat of an innovation in the management of state hospitals in Missouri, but the excellent results following its introduction in other parts of the country induced Dr. Kuhn to recommend its adoption in the State Hospital at St. Joseph. The system has been on trial at St. Joseph but a short time, yet it has resulted in considerable benefit to the patients.

CORRESPONDENCE.

CONCERNING THE COUNTY SECRETARIES' ASSOCIATION.

"The plan meets with my hearty approval. I see no reason why a good attendance could not be had. I will certainly meet with you at Kansas City and if possible attend the St. Louis meeting."

C. T. Ryland, M. D.,
Councilor 14th District.

"We certainly need to do something. I have felt for some time very much discouraged in regard to the condition of our societies, but I am willing to do everything that can be done to make them what they should be. I think it will be well to try the two meetings. I think that we can get a very good attendance at these meetings; and frequently, you know, we stir up a lot of enthusiasm. So count my vote for it. I suppose I will be in the eastern district and will try to get all my secretaries to be present."

Woodson Moss, M. D.,
Councilor 9th District.

"I approve of the plan. We have nearly all of our county physicians in our Society, but there are many other matters of interest to talk about. The Secretary of the County Society generally has the most of the work to do I know; it is so in my own, as I have been secretary since the organization. Some time during December will suit me, as I will be away from home after the 19th of the month, contemplating a trip to Oklahoma for ten days."

Tinsley Brown, M. D., Secretary,
Secretary Caldwell County Medical Society.

"Replying to yours of the 29th, will say that your plan meets with my hearty approval. I see no reason why a good attendance could not be had. I will certainly meet with you at Kansas City and if possible attend the St. Louis meeting."

C. T. Ryland, M. D.,
Councilor 14th District.

"I am heartily in favor of the proposed call of the councilors and secretaries and think we could become better organized and come to a more perfect working plan to meet in December, as the secretaries who have been in service the past year would likely have a clearer conception of the needs of the profession and how to work together than new

ones. If such a meeting is held our Society will send its secretary; our councilor, Dr. Shuttee, will also come."

A. H. THORNBURGH, M. D.,
Secretary Howell County Medical Society.

"I heartily indorse the plan. It is not only a good policy but, in my opinion, an absolute necessity. You may feel assured of my help in the indicated direction. I will be present at each meeting wherever it is held and regardless of the wishes of my society in regard to railroad allowance. As councilor of this Sixth District, I am ever more interested in your project. While my district is thoroughly organized and doing fairly good work, I am sure that there is a great deal of room for improvement."

H. JURGENS, M. D.,
Councilor 6th District.

"Your idea of having a meeting for the secretaries and councilors I consider very good indeed. I am in favor of the meeting and will come. I would think it wise to extend an invitation to the presidents of the county societies also and were it possible to have as good attendance, would think it much wiser to have but one place of meeting; first, because numbers would add strength to the movement; second, because then each would have the advantage of the experience of all instead of part and third, because it would more likely insure co-ordinate action and consequently produce better results. But the fact that it is very hard to get doctors to give much of their time or to go far from home makes the other plan seem very plausible. I am heartily in favor of either and am sure it will bring results."

FOSTER BURKE, M. D.,
Secretary Linn County Medical Society.

"The idea of calling a meeting of the councilors and secretaries of the county societies is a good one. The meeting would stimulate, harmonize, and in many ways do good."

D. W. COON, M. D., Secretary,
Grundy County Medical Society.

"As secretary of our society, I will be pleased to meet with the secretaries at any time."

G. C. COFFEY, Secretary,
Platte County Medical Society.

"I think it a good idea for the different secretaries to meet and devise some means to get a better turn-out at the county meetings. In fact I would do most anything to get things in better shape at this place."

JAS. A. TOWNSEND, M. D., Secretary-Treas.,
Putnam County Medical Society.

"I am in favor of a meeting of secretaries and councilors. St. Louis and Kansas City are suitable places for the two meetings. I will attend if the meeting is held before January 1st; if after that time I believe my successor in office will attend and I believe our Society will gladly bear expense to such a meeting."

F. H. Broyles, M. D.,
Secretary Harrison County Medical Society.

"The idea of having a meeting of the society secretaries is a good one and one that I endorse. I will bring this up at our next meeting (which, by the way, is going to be a good one)."

R. K. Ogilvie, Secretary,
Mississippi County Medical Society.

REPORT OF THE MEETING OF THE COMMITTEE OF ARRANGEMENTS FOR THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

Progress along all lines connected with the International Congress on Tuberculosis which is to take place in Washington from Sept. 21 to Oct. 12, 1908, was shown by the reports presented at a meeting of the Committee of Arrangements, held in New York, at the Associated Charities Building, Monday evening, Oct. 28. Dr. Lawrence F. Flick of Philadelphia, Chairman of the Committee presided, and the other members present were Dr. Joseph Walsh, Philadelphia, secretary, Dr. John S. Fulton, Washington, Secretary-General, Mr. William H. Baldwin, Washington, Dr. Hermann M. Biggs, New York, Dr. Frank Billings, Chicago, Mr. Edward T. Devine, New York, Mr. Livingston Farand, New York, Dr. J. C. Greenway, Greenwich, Conn., Dr. Chas. J. Hatfield, Philadelphia, Dr. Abaham Jacobi, New York, Dr. Alfred Meyer, Mrs. James E. Newcomb, New York, Gen. Geo. M. Sternberg, Washington, and Dr. Wm. H. Welch, Baltimore.

The meeting was the first held since Dr. Flick's return from abroad, and his reports of his visits to the International Conference on Tuberculosis in Vienna and to the International Congress on Hygiene and Demography, at Berlin, were interesting features of the session. More than a thousand delegates were registered at Vienna, he said, and the gathering at Berlin was quite as large. The leading men in both associations are looking forward with a great deal of enthusiasm, Dr. Flick said, to the meeting in Washington, next year, and about four hundred, of the members of the foreign organizations may be expected to attend the Congress. The Conference selected this

country as its place of meeting in 1908 just as the Congress did two years ago. The Conference and the Congress are two distinct organizations. The International Conference on Tuberculosis meets every year and keeps up a continuous organization with headquarters in Berlin. The International Congress on Tuberculosis meets only once in three years and does not maintain an international bureau in the intervals. Dr. Flick stated that at the International Conference, interest centred especially in the time-worn subject of the routes of invasion for the tubercle bacillus. It seems to have been demonstrated that the disease may be contracted by both the respiratory route, and the alimentary route. Though this does not make us much wiser in a practical way, still it is somewhat comforting to know that the respiratory route is less important than it was once thought to be. On the other hand that information is compensated by the importance of the alimentary route.

In connection with his account of the progress made in the preliminary arrangements for the International Congress on Tuberculosis Dr. John S. Fulton the Secretary-General reported that ten distinguished foreigners have consented to participate in the series of special addresses that are to form a part of the program. The names of these eminent specialists follow: Dr. R. W. Philip, Edinbugh; Dr. C. Theodore Williams, London; Dr. Arthur Newsholme, Health Officer, Brighton, England; Dr. C. H. Spronck, Utrecht, Holland; Dr. Karl Turban, Davos-Platz, Switzerland; Dr. Gotthold Pannwitz, Charlottenburg; Dr. Emil von Behring, Marburg; Dr. A. Calmette Pasteur Institute, Lisle, France; Dr. Maurice Letulle, Paris; and Dr. S. Kitasato, Tokyo, Japan.

Dr. Fulton also reported that up to the date of the meeting, the Governors of twenty-three States had lent official auspices to the Congress. This not only insures official representation so far as that many states are concerned, but it insures an active organization in each of these States, that will be interested in the Congress.

The States in which this action has been taken so far, are: California, Utah, Montana, North Dakota, Minnesota, Wisconsin, Illinois, Iowa, Indiana, Michigan, Ohio, Kentucky, Kansas, Tennessee, South Carolina, North Carolina, Maryland, New York, Massachusetts, Vermont, Maine, West Virginia, Missouri.

Reporting on the formation of State committees, the Secretary-General said that such committees had been appointed in nearly all of the States in the United States; that several have already organized and are earnestly at work. He reported also that replies have been received from various foreign countries in reference to the appointment of Committees, and the replies indicate that the countries addressed will be represented in nearly every instance by exhibits as well as by delegates.

Cape Girardeau, Mo., November 18, 1907.

Editor, Journal Missiouri State Medical Association.

Dear Sir:—In the proceedings of the Cape Girardeau County Medical Society, published in the November issue, that portion covering insurance, says, in part: "It was also shown that the companies paying the largest dividends to the policy holders were the $5.00 companies. This included the oldest companies in existence." It should have read "some of the oldest companies," etc. Since that has appeared I have received several letters regarding this subject, the writers asking for figures and the source of my information. This I will try to give, as follows:

An insurance agent visited a physician's office and the physician was offered the position of examiner, but declined because the county society of which he was a member had resolved to examine no applicants for $3.00, the fee paid by the company represented by the agent. When the agent reported to the company they said "pay him $5.00." In about six months this agent changed companies and, remembering what the physician said to him about the examination fee, gathered the following figures which appeared in the *Spectator*, an insurance paper, and sent them to this physician.

THE AVERAGE DIVIDENDS PAID BY TWENTY OF THE LEADING AMERICAN COMPANIES FOR 15 YEARS, 1892-1906.

$5.00 Companies	per cent.	$3.00 Companies	per cent.
Aetna (Hartford)	12.31	Germania	5.88
Connecticut Mutual	26.56	Home	9.49
Manhattan	3.85	New York Life	6.72
Massachusetts Mutual	14.58	Penn Mutual	10.02
Mutual Benefit	17.32	Union Mutual	4.14
New England Mutual	13.60	Washington, N. Y.	4.03
Northwestern Mutual	15.53	United States	5.56
Pacific Mutual	8.07	Equitable	8.42
Provident Life & Trust	14.62	N. Y. Mutual	5.63
State Mutual of Worcester	13.32	Phoenix Mutual	9.14
Average, per cent	13.97	Average	6.90

It is shown from the home office that the Equitable, New York Mutual, and Phoenix Mutual, have now joined the $5.00 companies, and some others in the $3.00 list as mentioned above pay the $5.00 fee in some localities.

I hope this will be satisfactory to those physicians wishing to know how and where we obtained the figures.

Yours truly,

E. H. G. Wilson, M. D.,
Secretary Cape Girardeau County Medical Society.

A STATEMENT AND AN APPEAL.

The known presence of serious danger to health and life among intelligent people should lead at once to active measures of co-operation

and organization for the purpose of meeting such danger in the most effective manner, and it is because the disease commonly known as consumption is a constant menace to every household that the Missouri State Association for the Relief and Control of Tuberculosis has been formed, legally incorporated, and now solicits the aid of every person in the State in order to make thoroughly effective its work aimed at the overthrow and destruction of this pandemic disease.

If it may be imagined that at some time the Huns, Goths, or Vandals should invade Missouri and slay five thousand of her people every year, besides disabling many times that number annually, scores of thousands of armed men would take the field, and money would be poured out in millions to expel the destroyers. The difference between the ravages of the disease and the visitation of a hostile armed host would be that while the former slays in silence and stealth, the course of the other would be marked by tumult and violence—but the destruction wrought would be about the same, and the losses inflicted by the latter would be more easily recovered from than those incurred through the many months of wasting illness which is the common course of tuberculous disease.

Slaughter and ravage by an armed enemy would be open and spectacular commanding universal attention, while a worse affliction is visited upon the people by a subtle foe whose presence is endured only because of sufferance, ignorance, and inattention on the part of the public as to its nature, manner of spread, and means of control.

But at last public opinion is awakening to a sense of responsibility for this dereliction, and local, State and national organizations are very generally being formed for the purpose of combating the spread and eradicating the sources of this disease in the most comprehensive and thorough manner, and the work already done abroad and in this country is bearing notable fruit in a lessened death list and a decreased sickness rate brought about by a better understanding of the simple principles necessary to be observed in this line of effort.

The chief factors of success in such endeavors are, as experience has shown, clean air in full supply at all times, wholesome surroundings, good food and enough of it, together with the utmost care that every person known or thought to have consumption shall so dispose of that which he coughs up or spits out that no one else may be harmed by it.

The means by which this needed knowledge may be brought fully before the people are:—

(1.) Public lectures, addresses, demonstrations, and exhibitions;

(2.) The public press, with its wide influence as an educator;

(3.) The free distribution of leaflets, circulars, etc., setting out in plain terms what consumption is and how it can be both prevented and cured;

(4.) Sanatoriums, dispensaries, etc., where affected persons may

be taught the lessons how to get well and keep well and avoid giving the disease to others;

(5.) By the instruction of school children as to how this form of danger can be avoided;

(6.) Through the cautionings and teaching of physicians, nurses, and others having influence within the domestic household how such risks may be prevented.

In order to conduct a war successfully against tuberculosis money is needed, as well as in a campaign against an armed enemy, and the value and influence of expenditures against communicable diseases can now be demonstrated by unimpeachable statistics as has already been shown in cities and countries that are most advanced and most liberal in this direction.

The plans of the Missouri Association for the Relief & Control of Tuberculosis contemplate the formation, as speedily as possible, of local organizations in every town and county in the State, these bodies to be constituted of the most active, intelligent, and progressive members of their several communities, including both sexes and embracing all recognized callings and professions, and through these organizations to strive to instruct the people by all available means, as before indicated.

This work, if it be thoroughly done, together with clerk hire, printing, postage and miscellaneous expenses will call for the expenditure of a considerable sum of money, and it has been estimated that $10,000 can be wisely spent in this manner during this year and next year, and therefore an appeal is earnestly made for funds for this purpose.

As before intimated if the present wastage and sacrifice of human health and life were marked by military violence and bloodshed there would be no question of ample financial means being forthcoming at once, and many considerations—humane, economic, civic, and personal —urge a liberal public support of an undertaking that has within it the assured promise and potency of deliverance from this great plague; as, with the sum indicated available, there is no doubt that a substantial reduction could be made in the death-rate from tuberculosis in Missouri within a few years, with a corresponding decline in the amount of sickness from this cause and these results could and would be amply evidenced by impartial official records and figures.

Life membership in this Association may be secured by the payment of $100, but contributions in any amount will be welcomed, and may be sent to Robert J. Newton, Secretary, 625 Locust St., St. Louis, Mo.

George Homan, M. D., President.

St. Louis, November 1st, 1907.

COUNTY SOCIETY NOTES

ADAIR COUNTY MEDICAL SOCIETY.

The Adair County Medical Society held its regular November meeting at Brashear, November 14th.

The proposed open meeting with program on tuberculosis was further discussed and the committee on arrangements continued.

Dr. Hanks presented two clinical cases, one a large fibroid uterus and the other a gall bladder case.

Dr. Barnes read a paper on diphtheria which was discussed by all members present.

The next meeting will be held at Kirksville, in December.—E. C. Grim, M. D., Secretary.

CALDWELL COUNTY MEDICAL SOCIETY.

The Caldwell County Medical Society met at Breckenridge on October 9th. The following were present: Drs. J. A. Waterman, C. O. Dewey, O. O. Meridith, W. M. Duffie, G. W. Goins, Tinsley Brown and W. T. Lindley.

Dr. C. O. Dewey read a paper on "Scarlet Fever" and Dr. J. A. Waterman presented a paper on "The Relation of the Country Doctor to the Specialist". Both papers were well received and thoroughly discussed.

Dr. Lindley made a verbal report of a case of abortion and Dr. G. W. Goins reported on the use of morphine-hyoscine-cactine anesthesia.

The Society voted $6.25 to the use of the State Tuberculosis Society.

The next meeting will be held in Hamilton in January, 1908.—Tinsley Brown, M. D., Reporter.

CAPE GIRARDEAU COUNTY MEDICAL SOCIETY.

The Cape Girardeau County Medical Society held its regular monthly meeting at Cape Girardeau, November 2nd. Eleven members were present.

Dr. G. B. Schulz reported the following surgical case from practice: Removal of malignant growth of the breast, with photographs illustrating the condition before and after the operation; case of sarcoma of the lower jaw, with presentation of pathological specimen and photographs; papilloma of the cervix uteri, with pathological specimen.

Dr. W. E. Yount reported several eye cases from practice. He emphasized the importance of persons affected with eye trouble going

to some one that knows the anatomy of the eye and has studied refraction, and not visit the department stores and traveling charlatans where they attempt to fit glasses.

Dr. Cunningham reported a case of removal of a cataract, with good result; the patient is now able to read with a great deal of comfort.

Cape Girardeau was decided upon as the next place of meeting. —E. H. G. Wilson, M. D., Secretary.

CASS COUNTY MEDICAL SOCIETY.

The Cass County Medical Society held its last regular meeting for the present year at Harrisonville, November 7th. The meeting was the smallest in numbers in two years, owing to sickness in certain parts of the county, and physicians' families were no exception to the general rule.

There being nine members present it was decided to transact general business, elect new officers for the ensuing year and adjourn.

In the absence of the President, Dr. T. W. Adair was selected to fill the office for the evening. The following officers were elected: President, Dr. G. M. Anderson, Pleasant Hill: Vice-President, Dr. M. H. Rhoades, Austin: Secretary-Treasurer, Dr. R. P. Yeagle, Pleasant Hill; Reporter, Dr. R. P. Yeagle, Pleasant Hill; Delegate, Dr. A. R. Elder, Harrisonville; Alternate Dr. W. F. Chaffin, Raymore. Dr. H. Jerard was re-elected on the board of censors.—W. F. Chaffin, M. D., Secretary.

COOPER COUNTY MEDICAL SOCIETY.

The Cooper County Medical Society met in Boonville, on Tuesday, December 3rd.

Members Present: Drs. F. R. Smiley, R. L. Evans, P. L. Hurt, A. L. Meredith, J. S. Parrish, J. R. Lionberger.

The election of officers for the ensuing year resulted as follows: President, Dr. R. L. Evans, Boonville; vice-president, J. S. Parrish, Pleasant Green; secretary-treasurer, Jno. R. Lionberger, Boonville; Delegate to State Convention, Dr. A. L. Meredith, Wooldridge; censor for three years, Dr. F. R. Smiley, Boonville.

Following the election of officers clinical cases were presented by the members and several hours were consumed with the presentation and discussion of cases.

Upon motion the Society resolved to have the meeting of January preceded by a banquet, and the Secretary was instructed to notify the members of the meeting and banquet.

The Society then adjourned to meet January 8th, 1908.—Jno. R. Lionberger, M. D., Secretary.

THE GASCONADE-OSAGE-MARIES COUNTY MEDICAL SOCIETY.

Will meet in Bland on December 12, 1907, afternoon and night sessions.

The following program has been arranged:

Personal experience in typhoid fever.—Dr. I. M. Owens, of Beaufort.

Personal experience in Pneumonia.—Dr. Frederic Aufder Heide, of Drake.

Refractions and how to refract.—Dr. J. J. Ferrell, of Owensville.

Gun shot wounds.—Dr. T. C. Leach, Feuersville.

Osteomyelitis.—Dr. J. E. Jose, of Belle.

Corea.—Dr. J. E. Neeley, Vancleave.

Hysteria.—Dr. S. J. Terrill, Meta.

Post mortems.—Dr. J. J. Radamacher, Meta.

Advantages and disadvantages of a country practice. -Dr. R. E. Breuer, Red Bird.

Microscopy as an aid in diagnosis.—M. E. Spurgeon, Red Bird.

Electricity in medicine.—Dr. W. F. Byler, of Koeltztown.

Treatment of a bad cold.—Dr. John Engelbrecht, Stonyhill.

The Doctor, a day laborer, or a contractor.—Dr. John D. Seba, of Bland.

The program will be interspered with clinics by the various members.—John D. Seba, M. D., Secretary.

GENTRY COUNTY MEDICAL SOCIETY.

The Gentry County Medical Society met at Albany on November 5th, holding an open session.

Dr. J. W. Conard was recommended to the board of directors of the tuberculosis sanitarium at Mount Vernon for examiner for Gentry County.

Dr. J. N. Barger, of Darlington, read a paper on "General Surgery for the General Practitioner," giving many good points, especially in Colles fracture by putting the long splint on back of hand instead of palm, thus reducing swelling from retarded circulation. Dr. Benj. Davis of Albany had an excellent paper on "Tuberculosis and its Sanitary Treatment and Prevention." We need more such papers and especially to the public. Dr. G. H. Hunt of Albany demonstrated some chemical test of the water of the mineral springs of Albany, and advocated a public sanitarium at Albany with hospital advantages for surgical cases.

The discussion of the papers brought out some good thoughts and the meeting was enjoyed by all.

It being the regular yearly meeting for election of officers the following were elected:

President, Dr. J. N. Barger, Darlington; Vice-President, G. W. Whiteley, Albany; Secretary-Treasurer, Dr. Benj. Davis, Albany.

Dr. Benj. Davis of Albany and Dr. C. F. Forbis of Garah were elected members of the Society. After the annual address of the President was read the society adjourned. The next regular meeting will be held on the first Tuesday in February.—G. W. Whiteley, M. D., Councilor for 3rd District.

HARRISON COUNTY MEDICAL SOCIETY.

The Harrison County Medical Society met in regular quarterly session at Bethany on October 25, 1907, with a good attendance of its members. This was an open meeting and was attended by a number of citizens who are interested in our work.

The program for this meeting was along the line of Sanitation and the following papers were read and discussed with much interest:

"Sanitation—What is it? What Has it Done?"—By Dr. C. A. Mitchell.

"The Value of Proper Sanitation."—By Dr. J. H. Morroway.

After the discussion of these papers the Society proceeded to the election of officers for 1908, when the following officers were elected.

Dr. W. H. Wiley, of Ridgeway, president.

Dr. F. H. Broyles, Bethany, vice-president.

Dr. J. H. Morroway, Ridgeway, secretary and treasurer.

The society then adjourned for supper, to meet again at 7:30 p. m.

At the evening session the following papers were read:

"Proper Sanitary Construction of Churches, School Rooms and Assembly Halls."—By Dr. A. H. Vandivert.

"Statistics of General Hygiene and Sanitation."—By Dr. G. E. Gwinn.

"School Room Sanitation."—By Prof. Mark Burrows.

Rev. E. B. Reed and Elder T. J. Golightly took an active part in the discussion of these papers.

Among the distinguished persons present were Rev. E. P. Reed, Elder T. J. Golightly, Judge G. W. Wanamaker, Hon. W. H. Leazenby, County Attorney, Miss Lillian Neville, County School Superintendent of Schools, and Prof. Mark Burrows, Superintendent of Bethany High Schools.

The society is under obligations to Judge G. W. Wanamaker and the members of the bar for adjourning court which was in session, from 3 p. m. Friday to Saturday morning, so we could have the use of the court room for our meeting.—F. H. Broyles, M. D., Secretary

HOWARD COUNTY MEDICAL SOCIETY.

The Howard County Medical Society met in regular session at Fayette, on November 1st. The following members were present: Drs. Wright, Richards, N. E. Smith, Hume, W. Scott Thompson, A. B. Burguin and C. W. Watts.

Drs. Wright and Richards presented a very interesting case of Tabes Mesenterica. Dr. Thompson presented a case of Psoas Abscess,

in a girl 9 years old. Dr. Wright presented a case of Conjunctivitis.

Dr. Guilford B. Gallemore was elected to membership.

The secretary made his annual report for 1907, which was received and adopted. The work of the secretary was highly commended by the members.

The election of officers for 1908 resulted as follows: President, Dr. J. Y. Hume, of Armstrong; 1st vice-president, Dr. A. B. Burguin, Fayette; 2nd vice-president, Dr. T. C. Richards, Fayette; secretary-treasurer and reporter, Dr. C. W. Watts; board of censors: for 3 years Dr. T. B. Fleet; for 2 years Dr. Wright; for 1 year Dr. N. E. Smith. —C. W. Watts, M. D., Reporter.

JASPER COUNTY MEDICAL SOCIETY.

The Jasper County Medical Society met in regular session at Joplin, on November 9th. The following members were present: Drs. Shelton, Matthews, Harutum, A. B. Clark, J. W. Clark, Barnett, Neff, S. H. Miller, Lanyon, Taylor, James and Donohoo. Visitor, Dr. J. B. Taulber.

Dr. A. B. Clark read a paper on neuralgia. In the discussion Dr. Neff stated that Dr. Clark did not dwell sufficiently long on the most severe form of neuralgia, trifacial, which is at times the most unsatisfactory to treat. Dr. Neff stated that Dr. Ochsner, of Chicago, treated neuralgia by injecting 70 per cent. alcohol into the nerve.

Dr. J. W. Clark said he used gelsemium with good results. He described the twisting operation in removing the nerve, in which the mortality is practically nil, whereas one in twenty dies in removal of the Gasserian ganglion.

Dr. Barnett uses the saturated solution of magnesium sulphate with good results. Dr. Lanyon uses tr. aconite. Dr. Clark closed the discussion.

Dr. Lanyon exhibited a fetus of one month's gestation. Dr. Neff moved that the society have the banquet at the annual meeting to be held the first Tuesday in January, 1908, and that the ladies be invited to attend. Motion carried.

The committee on program was instructed to invite and secure, if possible, some prominent physician to deliver a lecture on internal medicine at the annual meeting. Dr. Mathews suggested Dr. Allen of Liberty as being the man for committee to secure.—R. M. James, M. D., Secretary.

JEFFERSON COUNTY MEDICAL SOCIETY.

The regular quarterly meeting of Jefferson County Medical Society was held in De Soto, October 22nd, 1907. Some excellent papers were read and discussed.

The society will have a call meeting before the close of this year, as our next regular meeting will be in January, 1908.—R. E. Donnell, M. D., Secretary.

LEWIS COUNTY MEDICAL SOCIETY.

The Lewis County Medical Society met in regular session at the Court House in Monticello, Oct. 31st. The following members were present, Drs. J. C. Brown, T. F. McGlasson, T. P. Wiseman, Wm. L. Ellery, P. F. Cole, J. B. Marchand, A. A. Perry.

Dr. Wiseman, made a short talk on scabies. The discussion was opened by Dr. McGlasson; Drs. Brown and Marchand also took part in the discussion.

Dr. McGlasson reported a case of volvulus. Dr. Perry, also reported a case. Dr. Ellery, reported an interesting case of obstruction of the bowels due to adhesions. Operation was performed the adhesions broken up and the patient recovered in a few days. Discussion by Drs. Brown, Cole and Perry. Dr. Schofield, being absent his paper on diphtheria was not read, but the President of the Society, Dr. Brown, made a few remarks on the subject; that paved the way for a discussion in which all members present took an active part, every one advocated antitoxin in large doses. The treatment of pneumonia was also mentioned.

Dr. Cole read a paper on the prescribing of Official and National Formulary preparations. He exhibited a few samples of preparations.

On motion the society adjourned to meet in Quincy, Dec. 4th, 1907.—Paul F. Cole, M. D., Secretary.

ST. JOSEPH-BUCHANAN COUNTY MEDICAL SOCIETY.

At the regular meeting on Wednesday evening, October 23, Dr. W. F. Kuhn, Superintendent of State Hospital Number Two, presented an interesting paper upon the physical basis of insanity, illustrating his talk with tabulated blood count examinations, showing the condition of the blood in the various classifications of the disease. Discussed by Drs. Woodson, Kenney and Carpenter.

Dr. Charles Wood Fassett read a paper on the anti-tuberculosis movement in Missouri, in which he described in detail the work accomplished thus far in the direction of preventing the spread of tuberculosis, and urging that a committee be appointed to take action immediately for the organization of an auxiliary society in Buchanan County to co-operate with the state organization. He gave a brief description of the State Sanatarium recently at Mr. Vernon, outlining its purposes and plans. He also urged the local board of health to use greater diligence in the inspection of houses where consumptives have resided or died, and to insist on the regulation of all those known to have tuberculosis, supplying them with printed instructions, teaching them to avoid infecting other members of the family. Discussed by Drs. Wallace, Mumfreville, Gleaves, and McGill.

A communication was read from Dr. C. A. L. Reed, Chairman of the National Committee of Legislation, announcing the appointment of Dr. C. W. Fassett, as a member of the auxiliary committee, representing the Buchanan County.—Clarence Passert, M. D., Secretary.

STODDARD COUNTY MEDICAL SOCIETY.

The regular bi-monthly meeting of the Stoddard County Medical Society was held at Dexter on Wednesday, Nov. 6th. Members present were: Drs. Allen, Ashley, Douglas, La Rue, Moore, Hill, Slayden, Vernon and Walters. Visitors Dr. Brinttinger, D. D. S. Dr. Chas. E. Walters of Dexter was elected to membership.

This being the annual meeting the various officers and committees made their report for this year, and other routine business was transacted. A resolution was adopted to print all names of members of the Society in the county papers. The visiting members were entertained at the Jeffersonian Hotel from 12:30 to 1:30, after which business was resumed.

The following officers were elected for year 1908. President, Dr. Ed. Moore, Bloomfield; Vice-President, Dr. J. L. Slayden, Dexter; Secretary, Dr. John Ashley, Bloomfield; Treasurer, Dr. Geo. W. Vernon, Dexter; Reporter, Dr. Jno. H. Douglas, Dexter; Member of Board of Censors, Dr. H. La Rue, Dexter; Delegate, Alternate Dr. A. D. Hill, Dexter.

Dr. La Rue presented a very interesting clinical case which was examined by all present, and discussed at considerable length.

Dr. John Ashley presented a paper on "Malpractice From the Doctor's Standpoint." The paper was discussed fully and at considerable length; it was unanimously recommended to the Journal for publication.

The Society adjourned to meet in Dexter the first Wednesday in January, 1908.—Geo. W. Vernon, M. D., Reporter.

NODAWAY COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Nodaway County Medical Society was held at Maryville, Mo., on the afternoon of November 12, 1907. Those present were: Drs. C. W. Kirk, L. E. Dean, G. A. Nash, H. L. Sayler, C. E. Frank, C. F. Howell, J. A. Larrabee, M. M. Pollard, H. C. Goodson, D. G. Smith, A. B. Allen and J. H. Todd.

The following scientific papers were read: Lobar pneumonia, by Dr. C. E. Frank. This was a good paper and provoked free discussion by the members present.

The postgraduate course of study for our county medical society was then taken up and after free discussion was on motion of Dr. L. E. Dean enthusiastically adopted as the basis of our future programmes.

Adjournment.—H. L. Sayler, M. D., Secretary.

GREENE COUNTY MEDICAL SOCIETY.

MEETING OF OCTOBER 25.

On motion the rules suggested by the Library Committee were adopted. A petition received from fraternal life insurance societies to reduce examination fee was read; on motion this matter was received

and filed away to be acted upon when more members were present. On motion it was decided that the Greene County Medical Society should tender a banquet to the Southwest Missouri Medical Society on November 7.

MEETING OF NOVEMBER 7.

The Society met in special session in the parlors of the Colonial Hotel, Springfield. After a short session of the Southwest Missouri Medical Society, the meeting adjourned to the banquet hall where the Greene County Medical Society had arranged a banquet. Dr. Boyd, President of the Greene County Medical Society, made a few appropriate remarks after which, acting as Toast-master, he called upon Dr. Miller, of Joplin, Drs. Smith, Camp and J. W. Williams of Springfield, Dr. Shuttee, of West Plains, Dr. Tefft, of Springfield, Dr. Pearse of Kansas City, Drs. Fulton, Nixon, Terry and Rienhoff of Springfield. All these gentlemen responded with appropriate remarks.

MEETING OF NOVEMBER 22.

A communication from the Secretary of the State Association concerning a meeting of Secretaries and Councilors was read. On motion the Secretary was instructed to write for information as the Greene County Society would probably want to take part in such a meeting.

On motion the society voted 25c per capital for the distribution of literature about tuberculosis among physicians.

Dr. J. E. Dewey read a very carefully prepared paper on "Anaesthetics and their Administration". He said the history of the practical use of anaesthetics is modern, although their occasional use dates from ancient times, even from the 1st Century. The absorption of an anaesthetic from the lungs is due to the difference in pressure between the anaesthetic and pulmonary blood stream; it is usually a stimulant up to a certain point.

Nitrous oxide produces a slight duskiness due to a lack of oxygenation; this can be prevented by admitting more oxygen. Primary respiratory arrest may occur but primary cardiac arrest is extremely rare.

Chloroform is losing ground; it has in some instances a distinct cardiac paralyzing effect; fatalities usually occur in the early stage of anaesthesia, so its toxic effect cannot always be gauged by the amount used.

Ether is the anaesthetic most generally used at the present time for routine work; it has the advantage that in that practically all cases of respiratory embarrassment can be dealt with before becoming serious.

Nitrous oxide gas properly administered is the anaesthetic for minor operations; of chloroform and ether the statistics show ether to be the safest where the lungs are normal; in dental operations nitrous oxide is the best.

The preparation of the patient is of much importance so as to have the nervous system quiet. The paper was fully discussed.—J. L. Ormsbee, M. D., Secretary.